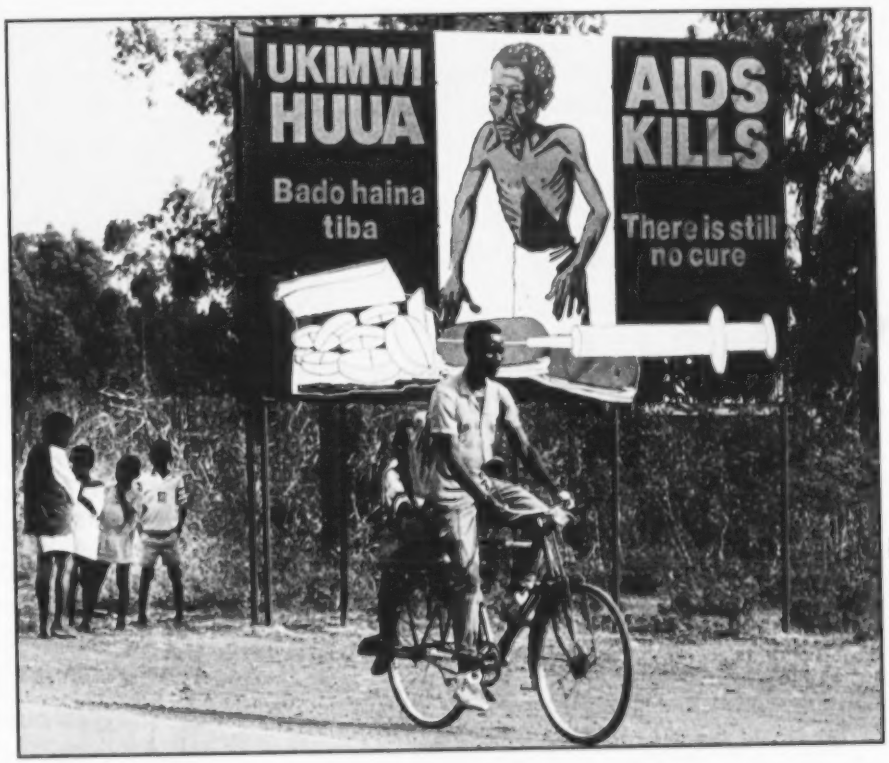
AFRICA RECOVERY

United Nations Department of Public Information Vol. 15 No. 1-2 June 2001

"AIDS is not an African problem alone," UN Secretary-General Kofi Annan has declared. "AIDS is a global problem. But if we do not win in Africa, we are not going to win anywhere else." He was speaking to African leaders, policy-makers and activists who met recently in Nigeria to map out the continent's strategy to combat a disease that already has taken 17 million African lives and infected tens of millions more. That effort is a key component of the global fight against AIDS, to be furthered at a special session of the UN General Assembly 25-27 June, as **Africa Recovery** *goes to press with this double issue focusing on HIV/AIDS.*



Die Fotografen / Friedrich Stark

Drug price plunge energizes AIDS fight

Africa and the United Nations mobilizing political leadership

By **Michael Fleshman**

After 20 years and millions of agonizing deaths from AIDS in Africa, the logjam over the high prices of drugs for treating the disease has been broken. In recent months, under mounting public pressure and through the "quiet diplomacy" of the UN, the pharmaceutical industry has reduced prices for many drugs by 80-90 per cent. In early June, Botswana became the first African country to take advantage of these lower prices, announcing that in the new year it will seek to provide the full range of HIV and AIDS therapies to as many as 100,000 infected citizens.

Until very recently, Dr. Peter Piot, executive director of the Joint UN Programme on HIV/AIDS (UNAIDS), said in late May, the idea of providing costly life-saving drugs and complex medical care to sufferers in developing countries was considered controversial, even radical, by many donor governments, private-sector actors, humanitarian organizations and health care professionals.

Since the introduction of the first life-prolonging treatments for AIDS in 1987, many sufferers in the industrialized North, even among the poor, gained access to the drugs and often lived longer than they would have otherwise. But the afflicted in the impoverished South, aside from the very rich or the very lucky, could not get the medicines and soon died. Critics bitterly termed this disparity "medical apartheid." UN Secretary-General Kofi Annan has spoken of an "ethical imperative" to treat the sick regardless of means.

Since its launch in 1996, UNAIDS has advocated a two-pronged attack on the disease: combining education

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United Nations
Vol. 15 No. 1-2 June 2001

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UN photo/Eskinder Debebe

The United Nations building in New York, at the start of the AIDS conference.

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Africa preparing its own recovery plans

Leaders aim for new drive to combat continent's poverty, global marginalization

By **Ernest Harsch**

Africa's leaders are actively working on a set of new continent-wide development strategies. With the gap between the world's rich and poor nations growing ever wider, the overall goal is to end "the marginalization of Africa and the global social exclusion of her people," says South African President Thabo Mbeki. He and several of his fellow presidents are finalizing two separate initiatives, which they aim to present to the annual summit meeting of African heads of state in Lusaka, Zambia, in July. Many hope that the two plans will be consolidated into a unified vision for the continent's progress.

As these African presidents have repeatedly affirmed since the beginning of the year, their plans will rely as much as possible on Africa's own efforts and resources. This reflects their growing disillusionment with the assistance and policy advice offered by Africa's traditional donors, anger over the continent's exclusion from the opportunities provided by globalization and a realization that something dramatically different is needed to break Africa out of its cycle of slow growth and deepening poverty. It will be "a plan by Africa for the people of Africa," stresses Nigerian President Olusegun Obasanjo.

The growing prevalence of such views across Africa is reflected in the near-simultaneous emergence of several distinct initiatives, launched independently of each other. One, provisionally known as the Millennium Partnership for the African Recovery Programme, is being coordinated by Presidents Mbeki, Obasanjo and Abdelaziz Bouteflika of Algeria. Another, named the Omega Plan by its initiator, President Abdoulaye Wade of Senegal, overlaps in many respects with the OAU venture. In addition, the UN Economic Commission for Africa (ECA) has drafted the Compact for African Recovery, intended to provide technical and analytical support to the Millennium Partnership.

African finance, development and planning ministers, meeting in Algiers on 8-10 May, took up these various plans. Expressing the desire of many African governments for a more coordinated process, Zimbabwean Finance Minister Simba Makoni warned that Africa could not afford to diffuse its energies through separate initiatives. The ministers further urged the initiators of the Millennium and Omega plans to work toward "a common vision of Africa's future ... a single programme that reflects the national, subregional and regional dimensions." In order to further refine and harmonize their work, experts on both plans are to take part in workshops in Abuja, Nigeria, and Dakar, Senegal, prior to the Lusaka summit.

"We agree on the overall vision for Africa's development: a prosperous continent ... that participates in the global economy on an equal footing."

"We agree on the overall vision for Africa's development: a prosperous continent free of conflict in which all our people can fulfil their potential, that participates effectively in the global economy on an equal footing," declared the African ministers.

Associated Press

Presidents Olusegun Obasanjo of Nigeria (left) and Thabo Mbeki of South Africa, two initiators of the Millennium programme.

That vision, however, is far from the sobering reality currently facing Africa. The hard evidence of Africa's experience with globalization, Tanzania President Benjamin Mkapa has observed, "points to exclusion rather than integration, deprivation rather than benefit." As African analysts frequently point out, sub-Saharan Africa accounts for just 2 per cent of the world's exports and the continent as a whole for a mere 1.9 per cent of total stocks of foreign direct investment. Meanwhile, aid from Africa's main donor partners has been steadily shrinking over the past half-decade (see box, page 5).

Reshaping globalization?

It was with such concerns in mind that African leaders took their case to the World Economic Forum in Davos, Switzerland, in late January. Held annually, the forum regularly attracts many prominent political and corporate officials from around the world, especially the industrialized countries. As a result, the event has come to symbolize the forces that champion globalization.

In his address to the forum, UN Secretary-General Kofi Annan noted that the numerous protesters outside the conference halls reflected a widespread public mood. "For far too many people in the world today," he said, "greater openness looms as a threat — a threat to their livelihoods, to ways of life, and to the ability of their governments to serve and protect them." He felt that most people do not wish to reverse globalization, but instead "aspire to a different and better kind than we have today."

The organizers of the forum convened a special panel on "the backlash against globalization," thereby indirectly acknowledging the impact of the large public protests that have been mounted over the past year against the World Trade Organization (WTO), International Monetary Fund (IMF), World Bank and other such institutions. While World Bank President James Wolfensohn and several lead-

ng corporate executives emphasized the importance of dialogue with the critics of globalization, Mr. Mbeki more forthrightly welcomed the protests as a reflection of a developing "new internationalism" among social activists in both the North and the South.

President Mbeki cautioned that for many people in developing countries, especially in Africa, globalization implies not new opportunities, but "rising inequalities within countries ... greater polarization across countries ... [and] greater vulnerability to macro-economic shocks." Therefore, he said, the goal should be to "reshape" globalization, by minimizing polarization and social exclusion and by enhancing people's access to its benefits.

Millennium priorities

The South African president, along with his counterparts from Nigeria, Senegal and Tanzania, placed many of these broader considerations within a specifically African context during a separate panel devoted to the African Millennium initiative. This programme, they stressed, may offer a way to redefine how Africa interacts with the rest of the world, while simultaneously getting its development agenda on track.

Building many more paved roads is vital to expand Africa's trade and economic development.

The main priorities of the Millennium plan highlighted by Mr. Mbeki and his fellow presidents were:

- Creating peace, security and stability, in part through further efforts to expand and consolidate democratic forms of rule in Africa. As Mr. Mbeki elaborated several months later, this should entail "an end to coups d'etats and the imposition of military governments on the peoples of Africa, an end to destructive violent conflicts and the defeats of elites that corruptly enrich themselves at the expense of the people." President Mkapa made it clear at the Davos forum that more effective government and administrative institutions can only be strengthened by Africans themselves, not imposed from outside.
- Investing in Africa's people, through a comprehensive strategy for the development of human resources, including improved health, education and training. This contrasts with the rigours of structural adjustment policies implemented throughout much of the 1980s and 1990s, which often brought cuts in social spending.
- Promoting industrialization on the basis of Africa's plentiful agricultural and mineral resources, thereby broadening the continent's economic diversity and harnessing and developing its comparative advantages in the world economy.
- Increasing investments in advanced communications and information technology, to bridge the "digital divide" that now separates Africa from the developed countries. The UN Secretary-General noted at Davos that the entire sub-Saharan region currently has less Internet access than the borough of Manhattan in New York City. Most Africans live two hours or more from the nearest telephone.
- Developing basic physical infrastructure such as roads, railways and electricity systems. Today, Africa (excluding South Africa) has just 171,000 kilometres of paved roads — less than Poland.
- Establishing funding mechanisms to support all these efforts. These mechanisms should finance projects at the national level, but above all should support regional and continent-wide projects and programmes.

Domestic resources, external partners

The financing, promoters of the Millennium plan have insisted, should be mobilized as much as possible by African countries, with less reliance on traditional sources such as the donor agencies. "We must and can move away from measures that further entrench the dependence of Africa on aid," said Mr. Mbeki. "It is necessary that the peoples of Africa gain the conviction that they are not, and must not be wards of benevolent guardians, but instruments of their own sustained upliftment."

To reduce aid dependence, greater efforts are required to involve the private sector in Africa. "We must take all necessary measures to encourage our own domestic African investors to invest in Africa, rather than contribute to the flight of capital out of Africa," President Mbeki said at an African Renaissance festival in Durban at the end of March.

It also will entail attracting more foreign investment. As South African Finance Minister Trevor Manuel observed in Davos, even his country — which has the largest, most diversified economy on the continent — does not have a high enough domestic savings rate to support the necessary investment levels. Therefore, it too must rely on greater external investments.

Additionally, more revenues can be generated through increased exports. But as Mr. Manuel argued strongly, this requires opening up the markets of the more developed economies to exports from Africa. Currently, he noted, the strongest economic powers — the European Union, US and Japan — do not follow the same free trade rules as the rest of the world.

Given the uncertainties of Africa's trade prospects and the minimal foreign investment coming into the continent, official development assistance will remain an important component of African development financing, along with any savings that can be realized through debt relief. On debt, the Algiers meeting of African ministers noted that deals currently agreed to

Africa gets a shrinking share of aid

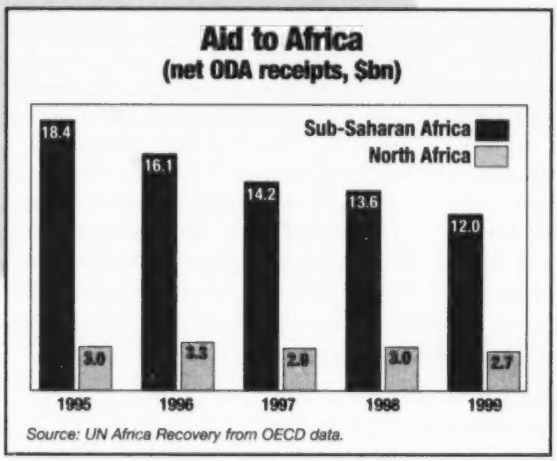
To ensure that globalization is more equitable, wealthy nations must devote a greater portion of their foreign aid to promoting "pro-poor growth" in the developing world, argues the Development Assistance Committee (DAC) of the industrialized countries' Organization for Economic Cooperation and Development. Yet in recent years the poorest developing countries have been receiving a shrinking share of such assistance, admits the DAC, which comprises the largest bilateral donors.

Between 1995 and 1999, the share of total official development assistance (ODA) received by the least developed countries (LDCs) declined from 28 per cent to 21 per cent, reports the DAC's *Development Cooperation 2000 Report*. For sub-Saharan Africa — which includes 34 of the world's 49 LDCs — it fell from 32.9 per cent in 1993-94 to 29.6 per cent in 1998-99. In absolute terms, net ODA receipts in sub-Saharan Africa declined from $18.4 bn in 1995 to $12 bn in 1999. Meanwhile, ODA to North Africa hovered around the $3 bn mark during most of that period, but dipped to $2.7 bn in 1999 (see graph).

The report acknowledges that the benefits of globalization "are far from automatic" and the process may even bring "inevitable inequity and vulnerability." Therefore, trade liberalization must be accompanied by social policies in health, education and training, and by "an environment where the most vulnerable are protected by adequate social safety nets and efficient social protection measures."

Donors, the report emphasizes, can help specifically by allocating more aid to health and efforts to promote gender equality, "two strategic policy areas" with strong potential to reduce poverty. Developed countries also should support "global public goods" by developing and making available medicines against malaria, AIDS and other diseases.

"It is not just a question of solidarity but of successful integration in the global economy, which can only be achieved by reducing poverty," says the DAC. "The poorest countries cannot participate in this process so long as the energy of governments and citizens is directed exclusively towards survival and minimal livelihoods."



for 18 African countries under the Heavily Indebted Poor Countries (HIPC) initiative of the World Bank and IMF are insufficient and that more needs to be done to significantly reduce the continent's debt burden.

Some promoters of the Millennium initiative have argued that it is in the interests of the industrialized countries to provide more aid. President Mbeki pointed out that Africa has extensive "environmental assets" such as abundant rain forests, an atmosphere virtually free of carbon dioxide and soils and waters that have not been excessively polluted — assets that contribute to the global environment. Investments in Africa's sustainable development can thus help Africans preserve their environment, for themselves and everyone else.

Others have spoken more in terms of donor country obligations to Africa. Archbishop W.H. Njongonkulu Ndungane of Cape Town, South Africa, argued that because of Africa's inherited legacy of slavery, the Cold War and debt, the continent needs a massive aid programme, "as a kind of reparation."

Whatever the donors' motivation for such assistance, African leaders are increasingly critical of the established practices of the main donor countries and agencies, which they see as paternalistic, domineering and shackled with so many conditions that Africans have little room to take the initiative.

African leaders insist that the continent's relationship with external institutions should be more equitable, on the basis of genuine "partnership." To make this possible, the international institutions need to be reformed. President Mbeki urged that the WTO "give greater weight to the concerns of the countries of the South." His finance minister, Mr. Manuel, proposed that the World Bank and IMF stop giving more voting power to the largest economies, and adopt the "one nation, one vote" system of the UN General Assembly.

Omega Plan

President Wade of Senegal welcomed the Millennium initiative during the Davos meeting. But he also used the occasion to release his Omega Plan. The plan is based on the premise that economic growth and development in Africa will be strong and sustainable only if countries invest more heavily in four priority areas: infrastructure, education and training, health and agriculture.

Since his election victory in March 2000, Mr. Wade's emphasis on skills and training already has prompted new efforts in Senegal to promote higher education, even at the risk of conflict with the World Bank (see box, page 38). Such a focus is essential, he argues, for Africa to boost its productivity and face up to the stiff competition of an increasingly globalized world economy. "If we can move towards more equality in education and infrastructure," he said in Davos, "then Africa could be part of world trade."

Better transport connections among African countries also are vital to help promote regional trade and integration, Mr. Wade added. Existing transportation links, established in the colonial era, generally run from the interior to the port cities along the coast, but much less between neighbouring countries themselves. He noted that it is impossible to drive directly to Dakar from Rabat, the capital of Morocco.

Mr. Wade has described the Omega Plan as "Keynesian" in inspiration, implying a central role for government in promoting investments in these key sectors. Yet he also emphasizes the importance of domestic and foreign private investment in helping to finance infrastructure projects, and is an outspoken proponent of privatization. His mention of privatization at the World Economic Forum prompted some debate, with Mr. Jackson Shamenda, president of the Zambia Congress of Trade Unions, arguing that African leaders should not abandon their responsibilities to society through privatization.

One apparent difference between the Omega and Millennium plans concerns the relative

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Africa puts fight against AIDS at forefront

Nigeria summit stresses need for a substantial 'war chest'

By **Vincent Nwanma**
Abuja

Africa's determination to fight HIV/AIDS and other infectious diseases got a major boost in April from the continent's leaders and UN Secretary-General Kofi Annan. While Mr. Annan proposed the launching of a Global Trust Fund to secure funds to fight the disease (see cover story), African leaders vowed to place the struggle against AIDS "in the forefront and as the highest priority." Concretely, they pledged to allocate at least 15 per cent of their national budgets to "the improvement of the health sector."

"I firmly hope that our own efforts together with a Global Trust Fund will give us the resources that we critically need for the long struggle ahead," Nigerian President Olusegun Obasanjo, told his fellow African leaders at the African Summit on HIV/AIDS and Other Related Infectious Diseases in Abuja, Nigeria, 24-27 April 2001. It was sponsored by the Organization of African Unity (OAU) in collaboration with the UN, as a follow-up to the second African Development Forum, held in Addis Ababa, Ethiopia, 3-7 December 2000 (*Africa Recovery*, January 2001).

UN / Evan Schneider

People living with AIDS meeting with officials during Abuja summit.

OAU Secretary-General Salim A. Salim had earlier put the resource requirements in graphic terms. "In order to fight this pandemic, tuberculosis and other related infectious diseases, we do recognize that we need massive expansion of financing for basic health programmes across Africa, with a special emphasis on HIV/AIDS," he said. To do this, "we need large amounts of resources, not in a token or symbolic form, but massive amounts, on a sustainable basis," Mr. Salim said.

Mr. Annan agreed. "The war against AIDS will not be won without a war chest, of a size far beyond what is available so far," he said in an address that was intermittently interrupted by applause from the audience. He put the global funding requirements for the fight against AIDS at $7-10 bn annually. "The sum we are asking for is huge, but we should also be conscious of the magnitude of the problem we are tackling," Mr. Annan said.

There currently are 36 million infected people worldwide, with 70-80 per cent of them in Africa. According to former US President Bill Clinton, who also spoke at the summit, AIDS now kills more people in Africa than all the armed conflicts on the continent combined.

The OAU estimates that some $3-4 bn is required annually to fight AIDS in Africa, although only about 10 per cent of that amount now is being committed by African governments. "We recognize that the primary responsibility for mobilizing resources must come from within Africa," Mr. Salim affirmed.

Rwandan President Paul Kagame urged African countries to "specifically" allocate resources to combat HIV/AIDS, preferably by designating a certain percentage of their budgets for such programmes. One way of doing this, in countries where it might apply, might be to "earmark resources that would be freed from

Abuja Declaration

In the Abuja Declaration adopted at the 24-27 April 2001 summit, African leaders declared that "AIDS is a state of emergency in the continent" and pledged:

To place the fight against HIV/AIDS at the forefront and as the highest priority issue in our respective national development plans.

To commit ourselves to take personal responsibility and provide leadership for the activities of the National AIDS Commissions/Councils.

We therefore resolve to lead from the front the battle against HIV/AIDS, tuberculosis and other related infectious diseases. We also commit ourselves to ensure that a leadership role is exercised by everyone in his/her area of responsibility in the fight against HIV/AIDS and other related diseases.

We commit ourselves to take all necessary measures to ensure that the needed resources are made available from all sources, and that they are efficiently and effectively utilized. We pledge to set a target of allocating at least 15 per cent of our annual budget to the improvement of the health sector. We undertake to mobilize all the human, material and financial resources required to provide care and support and quality treatment to our populations infected with HIV/AIDS, tuberculosis and other related infections.

We resolve to enact and utilize appropriate legislation and international trade regulations to ensure the availability of drugs at affordable prices and technologies for treatment, care and prevention of HIV/AIDS, TB and other infectious diseases.

We commit ourselves to support the development of an affordable, accessible HIV vaccine relevant to Africa.

debt relief," suggested Mr. Kagame.

An "endangered" continent

The urgency for action was brought forcefully to the summit by Ms. Georginia Ahamefule, a 41-year-old Nigerian who has been HIV-positive since 1995 and now also has tuberculosis. "We the people of Africa are the greatest economic asset you have, yet look at us being slowly but surely wiped out by these two dreaded diseases," she told the African leaders, speaking on behalf of the millions of Africans infected with HIV, tuberculosis, malaria and other diseases. "I wonder what the future of our countries is going to look like in the next 20 years, if you do not act fast."

Although Ms. Ahamefule noted that her tuberculosis should be curable, treatment is threatened by the high cost of the necessary drugs in Nigeria. "My doctor has advised me that if I disrupt my treatment schedule and am unable to complete it, I run the risk of developing an almost incurable form of TB called multi-drug resistant TB. That will indeed be a double sentence of death."

A Nigerian youth activist, 15-year-old Abayomi Mighty, reminded Africa's leaders of their obligations: "You are the people who tell us to go to fight when there is war. You are the people who ask us to join rallies in election campaigns. Now we need you to fight with us against HIV/AIDS. We are the ones dying and wasting."

The Nigerian president agreed that the future for Africa was bleak. "What we have is a pandemic out of control, which is gravely threatening our nations, our children and our future," Mr. Obasanjo told the participants. "We are an endangered continent."

Given such passionate appeals to them during the summit, adopting the Abuja Declaration was perhaps the least the leaders could do. "We are deeply concerned about the rapid spread of HIV/AIDS infection in our countries and the millions of deaths caused by AIDS, tuberculosis and other related infectious diseases," they declared. The leaders also noted that these deaths are occurring "in spite of the serious efforts being made by our countries to control the diseases."

In a framework of action adopted at the end of the summit, the leaders set out priority areas and strategies for implementing identified actions to "arrest and reverse" the rate of infection of HIV, tuberculosis and other infectious diseases. It stresses the need for leadership at the national, regional and continental levels to mobilize society as a whole to fight the diseases, and calls for improvements in information, education, communication and protection of human rights.

Progress and challenges

The summit heard some cheering news, however modest it was. On both malaria and HIV/AIDS, there were reports of progress toward finding treatments. The World Health Organization announced it had developed a new drug for treating children with malaria. Introduction of the drug into Africa, it said, would reduce the number of children who die from malaria by 100,000 annually. One million sub-Saharan Africans now succumb to the disease each year.

Named Artesunate — derived from the Chinese herb *artemisia annua* — the anti-malaria drug has been developed for rectal use and is quickly absorbed. It halts the course of the disease, thus "allowing the patient to regain consciousness and reach a health centre for further definitive curative treatment with oral anti-malarial drugs," WHO said in a statement.

WHO also commemorated Africa Malaria Day, on the anniversary of the Roll Back Malaria campaign launched by African leaders here in Abuja a year ago. The campaign, a partnership involving WHO, the UN Children's Fund, the UN Development Programme and the World Bank, aims to halve the number of malaria cases by 2010. A number of malaria-endemic African countries now are implementing malaria control programmes. In Nigeria, the government has reduced taxes and tariffs on mosquito bed-nets "to assure their availability and affordability," WHO noted.

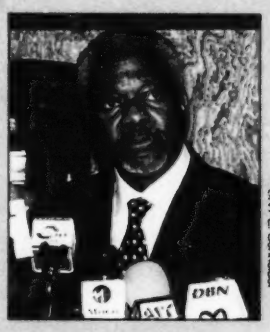
While there is no vaccine for the prevention or cure of HIV/AIDS, the International AIDS Vaccine Institute (IAVI) announced it is working on five preventive vaccines for use in Africa. IAVI President Seth Berkley told reporters that the first human trial of the preventive vaccines began in March in Nairobi, Kenya, and would last for up to a year. He explained, however, that even under the most optimistic scenario, the vaccines would not be available for seven years.

President Obasanjo announced that the Nigerian government has begun a pilot project for treating 10,000 AIDS sufferers with

Kofi Annan: A call to action

At the Abuja summit on AIDS and in a speech a few days later in Philadelphia, UN Secretary-General Kofi Annan proposed five key priorities for the global battle against HIV/AIDS:

- **Preventing further spread of the epidemic,** especially by giving young people — those at greatest risk of infection — the knowledge and power to protect themselves. Large-scale awareness campaigns must be mounted, and access provided to voluntary counselling, testing and, when appropriate, condoms.
- **Reducing HIV transmission from mother to child.** All mothers must be able to find out whether they are HIV-positive, and those who are must have access to short-term anti-retroviral therapy, which has been shown to reduce mother-to-child transmission by up to half.
- **Ensuring that care and treatment is within reach of all.** This includes access to affordable HIV-related drugs, as well as voluntary counselling and testing, home and community-based care, and simple treatments for opportunistic infections.
- **Delivering scientific breakthroughs.** Higher priority must be given in scientific budgets to finding both a cure for HIV/AIDS and, more importantly, a vaccine against the disease.
- **Protecting those made most vulnerable by the epidemic,** especially orphans.



UN / E. Schneider

UN Secretary-General Kofi Annan at the Abuja summit.

anti-retroviral medicines, using low-cost drugs imported from India.

Despite these developments, the journey will still be long. "Let us not fool ourselves, the HIV/AIDS epidemic is here to stay," said UNAIDS Executive Director Peter Piot. "Therefore, we should embark on short term urgent action while building capacity for the long term."

Ending stigmatization

The summit marked a step forward, not only in the fight to prevent new infections, but also to break the cycle of silence and stigmatization. The few "people living with AIDS" (PLWAs) who participated in the summit helped put flesh and bone on the issue. Because of the social stigma associated with the disease, many of those infected decline to declare their status, while many others will not even go for testing.

"We all have come a long way, living with the virus, crossing many milestones ... milestones of shock, fear, uncertainty, denial, guilt, shame, blame, and of course hope," said Mr. Mohammed Farouk Auwalu, a Nigerian activist and one of those who spoke on behalf of the PLWAs.

"In spite of the duration of the epidemic and the emerging scientific advancements, there is still an enormous level of stigmatization and ruthless discrimination," said Mr. Auwalu, a former military intelligence officer. "Even young children are not spared."

Ms. Ahamefule's case is typical. Her employers tested her blood without her consent. When they found she was HIV-positive, they dismissed her from work. Aggrieved, she took her case to court. The court threw her case out. She subsequently went before an appeals court, where the case is at present.

Ms. Yinka Jegede, a 22-year-old Nigerian nursing student living with the virus, had a similar experience. Her school authorities were not happy with her decision to declare her HIV status. Consequently, the school suspended her for a time, and now she has to spend an extra year completing her studies. Speaking at the opening ministerial session, she demanded a change of attitude towards PLWAs. "Our rights must be recognized in full." She also urged governments to involve PLWAs in national policymaking on AIDS and recognize their leadership roles.

Participants agreed that those living with the virus have a role to play in the search for a breakthrough. "National leaders must take the initiative to break the silence and encourage people with AIDS to talk," said Mr. Clinton.

Plans and partnerships

Money may be critical for the prosecution of the war on HIV/AIDS, but without plans for action, African nations stand little chance of making meaningful progress. In formulating such plans, it is important to be "focused," said President Kagame of Rwanda. "This is a problem that we have to live with for a long time," he said, urging his fellow leaders not to dwell "on short-term measures."

The leaders recognized this point. "We are fully convinced that containing and reversing the HIV/AIDS epidemic, tuberculosis and other infectious diseases should constitute our top priority for the first quarter of the 21st century," they said in the Abuja Declaration.

Formulation of national plans, speakers argued, would give African countries ownership of the battle against AIDS. In addition, the mobilization and commitment of domestic resources would demonstrate political will, which most participants agreed was crucial for success in the fight against HIV/AIDS.

Such action, in turn, would help convince the international community of Africa's dedication to the fight and provide a basis for stronger partnership with the continent. "There is only one way forward and that is the way of partnership," said Mr. Piot. ■

Discounted pricing for least developed countries (LDCs)

(Cost of daily dose, $)

Drug	*US*	*LDCs*
Fluconazole	10.00	0
Zerit	9.83	0.15
Ziagren	10.68	3.80
Trizivir	27.92	6.60
Agenerase	18.50	8.70
Malarone (anti-malarial)	52.71	19.20

Source: UN Africa Recovery from UNAIDS data as of 2001.

Drug prices: the view from Mabvuku

Prisca Mhlolo does her rounds in Mabvuku township outside Harare, Zimbabwe. An AIDS counsellor for a local non-governmental organization (NGO), she is infected with the AIDS virus herself. On her block alone are two people terminally ill with AIDS and three other HIV-positive women, including her sister. "Who knows how many others are HIV-positive and don't know it or don't say it," she says.

To the sick, Ms. Mhlolo gives sympathy, advice on healthy living, and Vaseline for skin sores. There is nothing else she can do. The NGO that employs her cannot afford more. Plaxedes Chiwore, aged 38, is one of her patients. With sunken eyes, ribs sticking out, mouth and shoulders covered with white plaque, Mrs. Chiwore can hardly talk. The caregiver, her 14-year-old daughter, says her mother has burning chest pains, difficulty swallowing and vaginal itch. "Systemic thrush," nods the counsellor. This nasty fungus literally and painfully clogs the human system.

Systemic thrush is treatable with a short course of fluconazole, an antibiotic patented in 1982 under the commercial name Diflucan by the US pharmaceutical giant Pfizer. But in Zimbabwe, where the monthly minimum wage is $30, a one-month course costs $500. There is no point in going to the local health clinic, because the nurses only have aspirin. Little else is available. Zimbabwe's health system, once the pride of Southern Africa, has collapsed alongside its economy.

Africans pay a high price to treat sickness. Few live in countries with adequate public health systems and fewer still work in the formal economy, where they may be eligible for health insurance schemes. Treatment for one case of childhood pneumonia in Zambia, for example, costs $9, or half a family's monthly income. In Uganda, three out of four urban households buy less food if they need to buy medicines. A single illness can swallow a third of monthly income. Such disease-coping strategies mean the family eats less, spends less and sells assets like land, livestock and tools. To save on fees and to care for sick relatives, children drop out of school, especially girls. Families borrow from relatives or lenders — slipping deeper into poverty and leaving themselves that much more vulnerable to disease and despair.

— Mercedes Sayagues, Johannesburg

Drug price plunge energizes AIDS fight

from page 1

and prevention for those not yet infected, with care and treatment for the tens of millions of people around the world who are.

However, many donor officials and health professionals regarded proposals to treat carriers of the Human Immunodeficiency Virus (HIV) that triggers Acquired Immune Deficiency Syndrome (AIDS) as unrealistic, saying that such a course would divert painfully scarce resources away from more cost-effective education and prevention programmes. The extremely high cost of the drugs put them beyond the reach of all but the wealthiest individuals in developing countries, they noted. Nor were public health systems in poor countries able to cope with the complexity of the treatments, some analysts asserted, or the need for ongoing testing and follow-through. When UNAIDS called last year for an international multi-billion dollar programme of prevention and treatment for Africa, which now accounts for 70 per cent of all infections worldwide and nearly 80 per cent of fatalities, Dr. Piot noted, "the word 'irresponsible' was not far away."

Associated Press / Christian Schwetz

Protest march in Pretoria, South Africa, against pharmaceutical companies' efforts to keep drug prices high.

But no more. In recent months a combination of market forces and mounting political pressures on the pharmaceutical industry have seen prices for many drugs drop drastically. Some now are even provided free to developing countries. Although the discounts still price many of the medicines beyond Africa's means, the reductions have transformed the debate about costs — which the World Health Organization (WHO) has identified as the principal obstacle to the wider availability of AIDS medicines (see table, this page).

Prices of daily doses of AIDS drugs ($US)

Drug	Brazil	Uganda	Côte d'Ivoire	US
3TC (Lamuvidine)	1.88	3.29	2.55	8.70
ddC (Zalcitabine)	4.24	4.17	3.75	8.80
Didanosine	2.04	5.26	3.48	7.25
Efavirenz	5.96	n/a	6.41	13.13
Indinavir	10.32	12.79	9.07	14.93
Nelfinavir	4.14	4.45	4.39	6.47
Nevirapine	5.08	n/a	n/a	8.48
Sequivirsin	6.24	7.37	5.52	6.50
Stavudine	2.56	6.19	4.10	9.07
ZDV+3TC	1.44	7.34	n/a	18.78
Zidovudine	1.08	4.34	2.43	10.12

Source: UNAIDS, 2000

Concerns about delivery in poorer countries have also been challenged. On 4 April, more than 100 medical and development experts at Harvard University in the US declared that "objections to HIV treatment in low-income countries are not persuasive," and issued a detailed blueprint for a widespread treatment programme (see box, page 11). "Poor infrastructure," they asserted, "can be overcome through well-designed and well financed international efforts."

The final element — external financing — received a boost in Abuja, Nigeria, in late April with Mr. Annan's announcement of a Global AIDS and Health Fund to increase funding for AIDS, malaria and tuberculosis programmes in developing countries from its current level of under $2 bn annually to the $7-10 bn needed.

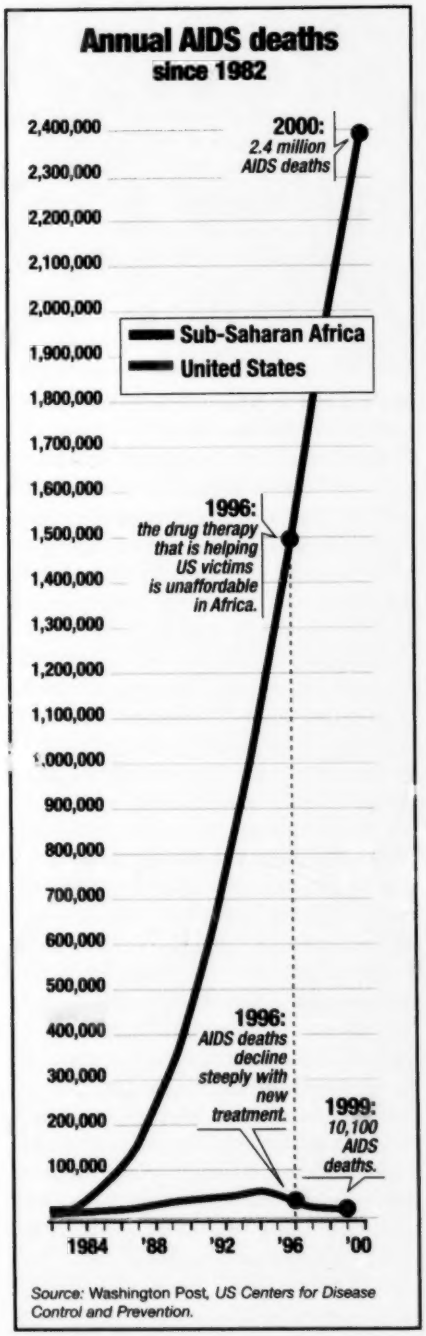
Although the world has yet to commit the resources and political will needed to win the battle against AIDS in Africa and other developing regions, the "paradigm" as Dr. Piot noted, has now shifted from *whether* to treat the infected in developing countries to *how*.

Public outrage, private diplomacy

The turning point in the effort to ensure wider availability for anti-AIDS drugs came in March, when 39 Northern pharmaceutical companies went to court in South Africa to block legislation permitting the government to lower the cost of AIDS-related medications — steps the companies asserted would infringe on their patent rights (see page 14). The suit proved to be a public relations disaster. A month later, amid a firestorm of criticism and worldwide protest actions, the companies withdrew their legal challenge and pledged to work with the UN on a drug access programme far broader than previously thought possible.

"There has been a world-wide revolt of public opinion," Mr. Annan told African leaders

in Abuja. "People no longer accept that the sick and dying, simply because they are poor, should be denied drugs which have transformed the lives of others who are better off." That revolt — plus an offer by an Indian pharmaceutical manufacturer to sell generic anti-retroviral therapies in developing countries for as little as $350 per year instead of the $10,000-$15,000 annual cost of patented versions — meant that the impasse over pricing was broken.



Source: Washington Post, *US Centers for Disease Control and Prevention.*

These developments are the culmination of years of dialogue and "quiet diplomacy" by the Secretary-General and UNAIDS with the pharmaceutical industry and donors over patent protection, drug pricing and other treatment access issues. In the face of private-sector concerns over the loss of patents and the absence of clinical facilities for the proper administration of drug therapies, initial discussions focused on a number of pilot drug treatment programmes in Uganda, Senegal and other developing countries.

These limited efforts, part of UNAIDS's Accelerating Access Initiative, together with a growing number of private sector and philanthropic research and charitable programmes, were intended to identify practical impediments to care and treatment. They also helped establish a working relationship and a common frame of reference among the stakeholders. In early April, Mr. Annan was able to emerge from a meeting with six major drug companies to announce both substantial new drug price reductions for the least developed countries and UN support for patent rights as a "key to bringing forth new medicines, vaccines and diagnostics urgently needed for the health of the world's poorest people."

In response the US pharmaceutical giant Pfizer announced in early June plans to provide fluconazole, widely used to combat a range of opportunistic infections in AIDS patients, to 50 of the poorest countries free of charge — among a range of private sector initiatives launched in the run-up to the General Assembly special session on AIDS.

Quick fix

AIDS, Dr. Piot has said, "is a tale of globalization, of the rapid global spread of a mainly sexually transmitted disease, of global inequities and of the need for a truly global response." Nowhere have those inequities been more tragically played out than in Africa, where despite 2.4 million AIDS deaths last year alone, researchers estimate that fewer than 10,000 people have access to the anti-retroviral medicines that in developed countries have largely transformed AIDS from a death sentence into a chronic illness.

"People no longer accept that the sick and dying, simply because they are poor, should be denied drugs which have transformed the lives of others who are better off."

Access to drugs is meaningless, however, without the ability to deliver and administer the complex treatments and offer voluntary testing and counselling — services also deemed vital to effective education and prevention programmes. Public health services in much of Africa are desperately underfunded, often inaccessible, especially to the vast majority of people in rural areas, and are sorely lacking in trained health care professionals and diagnostic and testing facilities. While there is general agreement among development and health specialists on the need to rebuild the public health system in Africa, activists argue that such long-term fixes will come too late for Africa's 25 million AIDS sufferers.

One possible solution has been developed at Harvard University, where over 100 faculty members have signed a statement arguing that both anti-retrovirals — drugs that attack the HIV virus itself — and treatments for the many "opportunistic diseases" caused by the viral assault on the body's immune system, can be delivered to patients in developing countries almost immediately. The Harvard blueprint is based on a pilot project the university initiated in Haiti in 1998. It utilizes community-based monitors with minimal training to administer medications, backed by modest investments in expanded blood testing and diagnostic facilities.

By targeting patients in the late stages of HIV infection for treatment with highly active anti-retroviral therapy (HAART), which has proven extremely effective in suppressing the virus in the body, the study asserts that 3 million Africans could be on the life-saving treatments within five years, at a cost of some $6 bn.

As new and simpler medications are developed and economies of scale lower drug prices still further, Harvard researchers anticipate that the cost of the programme will decline. They also note that community monitors can also administer drugs for other common diseases, including tuberculosis and malaria, serving as frontline medical personnel while national public health

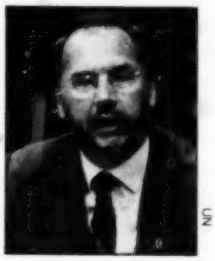
services are refurbished and expanded.

Vastly more counselling and testing for HIV is central to both prevention and treatment efforts, UNAIDS asserts, an issue that can get lost in the sometimes polarized debate between advocates of prevention and those of treatment. In 1993, for example, scientists discovered that a single dose of a common anti-AIDS drug, AZT, could cut the transmission of the HIV virus from mother to child at birth. Eight years later just 1 per cent of African women have access to the testing needed to identify pregnant HIV-positive women for treatment, UNAIDS reports. The absence of testing and counselling facilities thereby hampers making broad use of this simple and inexpensive means of preventing the transmission of the disease to future generations.

Without widespread and confidential testing, researchers note, people will not know that they are infected until they become sick, increasing the likelihood that they will inadvertently infect others. In any event, if the only outcome of a positive HIV test is pronouncement of a death sentence and social ostracism, individuals have little incentive to be tested even where testing is available.

When the first cases of a mysterious new disease were reported in 1981, "I never imagined I was looking at the first sign of an epidemic that in just 22 years would have infected 60 million people, killed 22 million and achieved the status of the most devastating epidemic in human history."

— Dr. Peter Piot, executive director Joint UN Programme on HIV/AIDS (UNAIDS)



UN

Medical apartheid

In 1981, a brief entry in an obscure US medical publication noted the cases of five young men whose immune systems had been unaccountably destroyed. A young doctor named Peter Piot was one of just a handful of people around the world who noticed. "At the time I read the report with great interest," he recalled. "But I never imagined I was looking at the first sign of an epidemic that in just 22 years would have infected 60 million people, killed 22 million and achieved the status of the most devastating epidemic in human history."

In Africa, it was also long ignored — by African leaders, Northern donors and international financial institutions, which continued to gut African health and education budgets while the body count climbed into the millions.

Only in mid-1999, Dr. Piot noted, did donors first meet to consider the escalating tragedy in impoverished Africa. And only now, 17 million deaths later, does the world seem finally prepared to muster the resources needed to save the survivors and prevent new infections.

The initial response to the Global AIDS and Health Fund has been modestly encouraging, with the US announcing an initial $200 mn contribution, followed by a French contribution of €150 mn and a $1 mn contribution from the Winterthur Insurance Company, an affiliate of the Credit Suisse Group. As *Africa Recovery* went to press, the Bill and Melinda Gates Foundation announced a $100 mn contribution to the fund.

In early June, representatives from more than 50 countries, multilateral agencies and non-governmental organizations and private philanthropies met in Geneva to discuss the structure and priorities of the fund, which is expected to begin operating at the end of the year. Initial indications suggest that the fund will focus primarily on education and prevention, with drug access and treatment efforts limited to pilot projects.

Advocates for greater emphasis on treatment, including some in the private sector, anticipate that the fund will eventually become a significant source of funding for medicines in developing countries. On 11 June, Mr. Jean-Pierre Garnier, the head of the European drug company GlaxoSmithKline, announced a new round of price cuts in developing countries for some of the company's most commonly prescribed HIV/AIDS medications, but acknowledged that the discounts still left the drugs beyond the reach of the poor. "We're not naïve about the fact that, compared to the means in these countries, everything is overpriced," he told reporters. He added that he expected the international community, through mechanisms like the health fund, to make up the difference. "The ball," he asserted, "is more in their camp than ours." ■

Harvard University 'blueprint for action'

Declaring that "objections to HIV treatment in low-income countries are not persuasive," over 100 health and development experts at Harvard University in the US have developed a detailed proposal to treat 1 million African HIV sufferers with anti-retroviral drugs within three years at a cost of $1.1 bn — just $1,123 per patient per year. The number of patients, the study asserts, could be increased to 3 million within five years at an annual cost of $3.3 bn — far below previous estimates of the cost and complexity of treating AIDS victims in developing countries.

At the heart of the plan, termed a "blueprint for action" by its authors, is the principle of Directly Observed Therapy (DOT), whereby community-based health workers with minimal training are employed to administer the complex anti-retroviral therapies and literally watch each patient take the drugs on the required schedule. Monitors are also trained to detect signs of adverse side-effects and provide counselling to patients and families. DOT workers, backed by modest increases in clinical testing and diagnostic services, the report claims, can compensate for the absence of sophisticated public health and medical services and allow for the widespread treatment of HIV/AIDS and other chronic illnesses, including malaria and tuberculosis.

Treatment with anti-retroviral drugs, which attack the virus itself, would initially be restricted to those in the late stages of infection, when medications for the accompanying opportunistic diseases lose their effectiveness and anti-retroviral therapies are most needed. Even at the current reduced prices, the study notes, large-scale treatment of HIV/AIDS is beyond the means of developing countries and will require external funding for the foreseeable future. "A rapid scaling-up of scientifically monitored AIDS treatment in poor countries will prove feasible, affordable and highly effective," the study concludes. "There should be no further delay in launching a major international effort to save the lives of millions of HIV-infected persons."

A copy of the complete 36-page study, the "Harvard Consensus Statement on Anti-Retroviral Treatment for AIDS in Poor Countries," is available online at: http://aids.harvard.edu

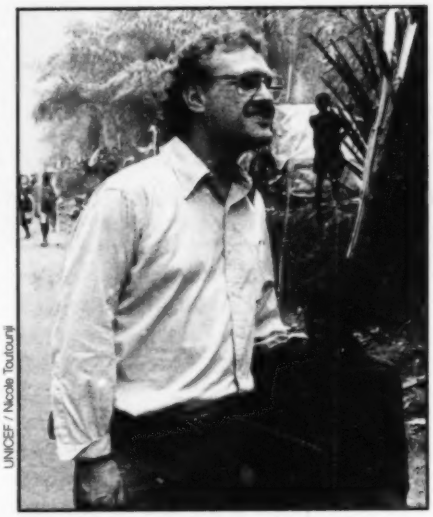
'Africa's capacity to deliver is huge'

Interview with Stephen Lewis, UN special envoy for HIV/AIDS in Africa

Canada's former ambassador to the UN, Stephen Lewis, was named Secretary-General Kofi Annan's special envoy for HIV/AIDS in Africa on 1 June. His job, the straight-talking diplomat told *Africa Recovery* in mid-June, is to represent Mr. Annan's personal commitment to the battle against AIDS, made at the African leadership summit in Abuja (see page 6), "and energize it as much as possible."

"The world has been terribly delinquent," in responding to the AIDS crisis in Africa, he said, as were some African leaders. Even in the late 1990s, "a lot of them simply weren't engaged ... and their countries were clearly in terrible trouble. To be fair to them, the world wasn't engaged either.... Everybody was ... frozen in time, while all around us this pandemic was wreaking havoc."

The 64-year-old diplomat has for decades been involved in African affairs, in part as a key figure at the UN special session on Africa in 1986, as deputy executive director of the UN Children's Fund during 1995-99, and as a member of the Organization of African Unity's investigation of the 1994 genocide in Rwanda. Although his primary task is to work with African leaders to meet the commitments made in Abuja, he also will liaise with the donor community, private sector leaders and multilateral agencies involved in Africa.



UNICEF / Nicole Toutounji

Stephen Lewis visiting Rwandan refugees.

Sense of urgency

Thankfully, Mr. Lewis said, "the entire atmosphere has changed in the most astonishing way in just the last 4 to 6 months. There is a sense of urgency and emergency that is unmistakable. What has happened since the beginning of this year is a tremendous consciousness-raising and determination on the part of the African leadership. No one hesitates to talk about [AIDS] any more."

Another key factor, he said, has been a dramatic turn-around by the major drug companies, which were forced in April to withdraw a legal challenge to South African efforts to lower drug costs, and to sharply reduce AIDS drug prices in developing countries. "The pharmaceutical industry, recognizing tremendous anger around the world and recognizing that they were involved in a public relations disaster ... made a specific policy decision to change their approach. There began this snowballing effect of one drug company after another dropping their prices, offering their drugs free ... offering sums of money to build clinics in Uganda and Botswana.... It's a change in which the Secretary-General himself has been personally and intimately involved."

The third encouraging development, he said, is funding. The Secretary-General's Global AIDS and Health Fund, which aims to ultimately mobilize $7-10 bn annually in new resources for the fight against AIDS, malaria and tuberculosis in developing countries "is a shockwave to the system." With initial pledges of about $450 mn, Mr. Lewis conceded that the fund's growth would be incremental.

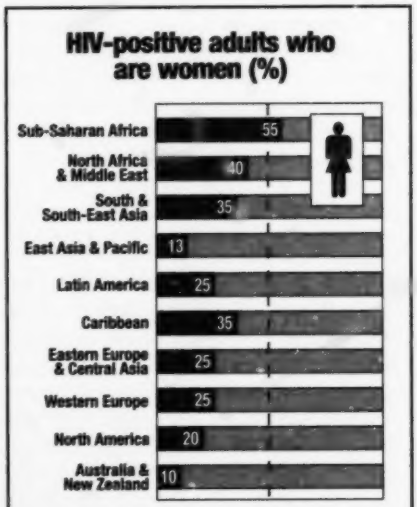
"But it is going to happen. More and more money will come in and it will make a big difference.... We are on the brink of stabilizing the pandemic [in Africa] and then beginning slowly to turn it around."

Gender and lender attitudes

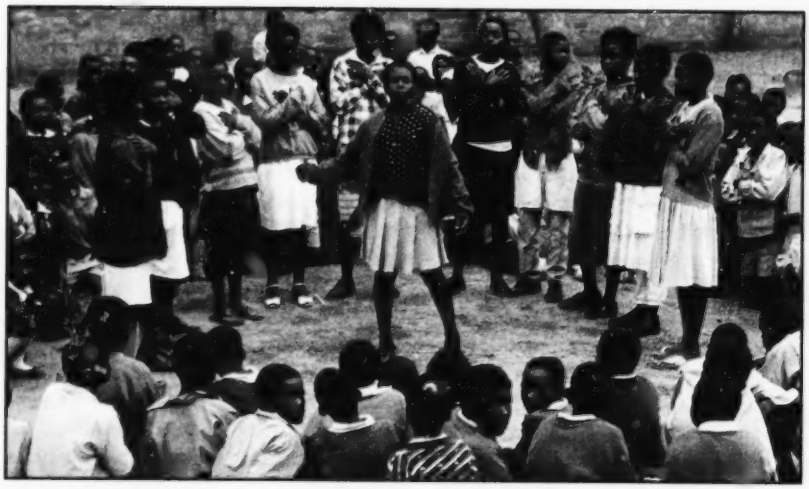
Underlying it all, Mr. Lewis asserted, has been an exponential increase in understanding of the scope and nature of the AIDS crisis in Africa — most critically its links to gender oppression. "Finally the world seems to understand that [in Africa] this is a gender-based pandemic. Unless there is recognition that women are most vulnerable ... and you do something about social and cultural equality for women, you're never going to defeat this pandemic. This is the fundamental centerpiece of the whole blessed crisis! Men haven't changed their behaviour, so women somehow have to be strengthened to be able to ward off the men."

The behaviour of the international financial institutions, whose policies for decades undermined African health and education systems, Mr. Lewis observed, also will have to change. He described the level of funding committed to AIDS by the World Bank and other multilateral agencies as "pathetic." While institutional lenders have finally begun to examine past mistakes, he said, "I'm not satisfied that they're being ironed out."

"It's all terribly late," he said. "We've lost 17 million lives and have 25 million people [in Africa] infected," while people with AIDS in industrialized countries have had their lives prolonged for years by anti-retroviral drugs. "It's only now that we're contemplating treating



Source: UN Africa Recovery from UNAIDS data.



UNICEF / Giacomo Pirozzi

Members of an anti-AIDS club addressing students at a UNICEF-assisted primary school in Zambia.

people in Africa with anti-retrovirals. There has been an unacceptable, indefensible double standard.... People in Africa who have AIDS have as much right to life as people in the Western world." But he cautioned that making affordable drugs available cannot be at the expense of prevention, which "underlies everything."

Mobilizing Africa's strength

In June, Mr. Lewis travelled to Botswana to meet with President Festus Mogae, UN officials and community-based HIV/AIDS organizations. Botswana has the world's highest rate of HIV infection. Early in 2002 it will also become the first African country to attempt large-scale treatment of the 300,000 people believed to be HIV-positive, including with anti-retroviral drugs. "President Mogae is fighting for his country's life," Mr. Lewis said.

The initiative will challenge skeptics in the North who argue it is impossible to treat HIV/AIDS in Africa and that only prevention programmes are feasible. "If it is successful and people start feeling better, looking better, start gaining weight, are productive again, it is bound to have an impact on surrounding countries and the way we look at the continent."

What impressed him most about Botswana, he noted, is the awareness and determination of ordinary people. "You get this sense of mass mobilization. It's really quite awesome. It gives one hope, this great strength of Africa. Once you get treatment and prevention and care in place, you have this tremendous human resource. You get the feel for what is possible. At the moment you can't get food. You can't get blankets. They don't have medicine to distribute. But the capacity on the ground to deliver is huge!"

"The key is the women," he asserted. "It is always the village women who drive these things." With awareness, treatment and funding finally coming together, he concluded, the challenge for the UN is to engage the international community with those village women in the struggle against AIDS. "My role on behalf of the Secretary-General is to make sure that engagement happens." ■

Less preaching and more money

"Africa's health crisis is an extreme crisis and cannot be handled by Africa alone," argued Prof. Jeffrey Sachs at a meeting on the "Economics of Health in Africa" at UN headquarters on 17 April. It is a mistake, he said, to think that greater political commitment by African governments will by itself overcome the continent's health crisis. What is needed above all are far more external financial resources, stated the prominent Harvard University professor, who is also chairman of the Commission on Macroeconomics and Health, established by Ms. Gro Harlem Brundtland, director-general of the World Health Organization (WHO). The meeting was organized by the WHO in cooperation with the UN Economic and Social Council and the UN Department of Economic and Social Affairs.

For much of the past 20 years, Mr. Sachs said, donors encouraged Africa to mobilize its own resources for health, with the World Bank pushing for user fees and the establishment of local health insurance schemes. "But this failed utterly," declared Mr. Sachs. With most Africans living on $300 or less per year, they simply could not afford user fees, and the continent's health systems deteriorated overall. Recalling a tour of health facilities in a number of African countries, he remarked, "These are not health centres, but places where you go to die."

Even if Africa were able to generate resources for health equivalent to 5 per cent of gross domestic product, that would still be only about $15 dollars per person, he pointed out. That amount pales in comparison with the average $2,000 spent annually in some rich countries.

On AIDS specifically, Mr. Sachs cited a study of recent donor assistance up to the end of 1999. It averaged about $70 mn per year. Some might call this doing a little, he observed, but "I'd call it doing nothing." For practically an entire generation, the donors watched the AIDS crisis unfold with the "most shocking neglect."

The three top priorities for Africa's health systems, he said, are: "One, money. Two, money. Three, money." He estimated that the continent needs $10-20 bn a year to help adequately combat AIDS and other infectious diseases. The individual donor agencies also must not act separately, but coordinate their efforts by pooling contributions into global disease funds, and then recruiting as many African health professionals and experts as possible to direct and run the campaigns. Moreover, this assistance should be in the form of outright grants, not concessional loans. "We cannot lend Africa money to fight AIDS," he said. "We have to give Africa the money to fight AIDS."

Given the grave shortcomings of Africa's health systems, Mr. Sachs advised the donors: "It is no good preaching, no good lecturing, until substantial new resources are provided."

Health and 'intellectual property'

Poor nations and drug firms tussle over WTO patent provisions

By **Gumisai Mutume**

In April, 39 pharmaceutical companies withdrew a lawsuit they had filed against the government of South Africa to block it from making cheaper medicines available to its people. The case was widely seen as a test of the ability of the poorest countries to import or license the manufacture of life-prolonging drugs at prices affordable to the millions who need them.

By dropping their suit, the companies signalled their unwillingness to continue contesting governments' ability to take advantage of access provisions of the World Trade Organization (WTO) agreement on intellectual property rights. The agreement — known as trade-related aspects of intellectual property rights (TRIPS) — was part of the 1994 Uruguay Round of trade liberalization measures adopted by countries that later formed the WTO. It has become the focus of public attention as developing countries that have been hit hard by the HIV/AIDS epidemic try to serve the health needs of their people, while still complying with its provisions.

African governments have asked WTO's TRIPS Council — which monitors implementation of the agreement — to consider their concerns about the way intellectual property rights and patents are preventing poor countries from obtaining medicines needed to fight illnesses plaguing the continent. Mr. Tadeous Chifamba of Zimbabwe, Africa's chief negotiator at the WTO, said they hope to obtain "further legal clarity" in the interpretation and application of the relevant TRIPS provisions, especially in countries faced by epidemics such as HIV/AIDS.

TRIPS obligations

TRIPS requires the 140 WTO member governments to give copyright and patent protection for 20 years to a wide range of new products, including pharmaceutical goods. During this period, no one may use, make or sell a product without the owner's authorization. After the patent expires, other firms can sell "generic" versions of the product. TRIPS also protects trademarks and trade secrets.

Developed countries had until January 1996 to adopt domestic legislation that would make them TRIPS compliant. Most developing countries and former Soviet bloc states were required to conform by 2000, while the least developed countries (LDCs) have until January 2006 to comply. These poorest countries, however, can apply to the WTO for more time to come into compliance. For many governments, this has meant strengthening the protection and enforcement of intellectual property rights in their territories. Countries that fail to adopt national legislation in keeping with TRIPS can incur penalties, including trade sanctions.

TRIPS lays down the minimum standards for providing protection to patent holders, but these rights are not absolute. "The present regime of international trade agreements has been designed to strike a balance between the rights of patent holders and the rights of patients," Dr. Gro Harlem Brundtland, director general of the World Health Organization (WHO), told participants in a recent forum held in Norway and sponsored by the WHO and WTO. "The TRIPS agreement contains important public health safeguards," she added. Those "safeguard provisions" allow countries to override TRIPS requirements by engaging in compulsory licensing, parallel importing and invoking the so-called "Bolar" provisions (see box).

Public goods versus private profit

India and Thailand are two of the countries that allow companies to produce generic versions of drugs patented in industrialized countries, using alternative production methods from those developed by the original manufacturer. The drugs are then sold at very low cost to other developing countries. Within seven years of the introduction of ciprofloxacin — used to prevent intestinal infection by people with HIV — 48 companies in India were producing generic versions, despite the fact that it is under patent in Europe and the US.

Cipla, a company in India, recently attracted public notice when it offered its version of a "triple cocktail" of anti-retroviral drugs used in the fight against HIV to African governments

TRIPS safeguard provisions

Compulsory licensing. The term actually used in the agreement is "other use without authorization of the right holder." It allows governments to permit a person other than the patent holder to produce the product without the owner's consent. Before the license can be awarded, the applicant must try to obtain a voluntary license on reasonable commercial terms. If a compulsory license is issued, a market-rate fee must be paid to the patent holder, the license can be used only in the domestic market and it must be rescinded once conditions change. Nothing in TRIPS limits the grounds on which governments can authorize the compulsory licensing of a patented product. Furthermore, in the event of a national emergency, a compulsory license can be issued without first trying to seek permission from the owner of the patent.

Parallel importing. Governments can permit parallel importing, in which a product manufactured under a patent held in one country but sold at lower prices in another country, can be imported from that second country without permission from the patent holder. TRIPS states that governments permitting parallel imports cannot be challenged under the WTO dispute settlement system, provided they do not discriminate on the grounds of the nationality of the patent holder.

Bolar provisions. The "Bolar" provisions allow generic manufacturers to prepare production and regulatory procedures before patents expire so that products can be ready for sale as soon as the patent ends, rather than having to go through the lengthy preparatory process only after the patent period is over.

for $600 per person for a year's course of treatment and to a non-governmental organization (NGO) working in Africa for $350 for the same course. Combinations of three anti-retroviral medications — the "triple cocktails" — are now commonly used to fight the virus, which causes AIDS. They have transformed HIV-positive status from a life-ending condition to a potentially life-prolonging one. In the US, these same drugs cost between $10,000 and $15,000 per year.

Globally, pharmaceutical companies are putting pressure on governments and others not to purchase medicines from manufacturers of generic drugs. The latter firms replicate existing pharmaceuticals but do not research and develop new products. Yet without access to extremely inexpensive medications, the poorest countries — especially in sub-Saharan Africa — cannot afford the drugs needed to fight killer diseases such as tuberculosis, malaria and HIV/AIDS.

David and Goliath

The situation, however, still is far from clear. Neither Brazil nor South Africa — two developing countries that have been bold enough to interpret patent laws for the benefit of their populations — has been spared international legal challenges. Brazil was accused by the US of violating TRIPS provisions, in a case before the WTO Dispute Settlement Body.

In 1996, Brazil passed a law authorizing the local production of five key anti-retroviral drugs used in the US. Some of the medications, such as AZT, an anti-retroviral drug that prevents the transmission of HIV from mother to child, were patented prior to 1995 when the WTO provisions first applied. These medicines fall outside the scope of TRIPS. Through its patent law, Brazil allows the drugs to be produced legally, without paying royalties. As a result, Brazil is able to provide free drugs to people living with HIV/AIDS. Recently, Brazil managed to persuade the US company Merck to lower the prices of two of its drugs, Crixivan and Stocrin, used to treat people with AIDS, by threatening to permit compulsory licensing if Merck did not cut prices by 50 per cent.

In the US government's view, a section of Brazil's law discriminated against foreign owners of patents. Under the law, designed to help build a national pharmaceutical industry and reduce the price of medicines, Brazil will honour a patent only if the drug is produced locally. Therefore, foreign companies must establish a presence in Brazil in order to enjoy protection. According to the US, TRIPS prohibited this kind of discrimination. The US government maintained steady diplomatic pressure on Brazil to get it to change its patent regime and medicines policy, backing up the pressure with a threat of unilateral trade sanctions.

African governments have concerns about the way intellectual property rights are preventing poor countries from obtaining medicines needed to fight illnesses plaguing the continent.

Last year, Ghana attempted to purchase low-cost AIDS drugs from the generic manufacturer Cipla. The patent holder, GlaxoSmithKline, warned that the product was under patent in Ghana and, while government officials disagreed, the deal was dropped. GlaxoSmithKline eventually conceded that it had made an error.

With the spread of national legislation enshrining minimum standards of intellectual property rights protection, actions a government now can take depend on what legislation it may already have adopted to prevent generic production or give exclusive marketing rights to patent holders.

In the 1990s, the US persuaded a number of countries to strengthen their intellectual property laws earlier than required by the WTO's schedule by using the threat of trade sanctions. One provision of US trade legislation allows Washington to unilaterally impose sanctions on a country's exports if that country fails to meet certain standards. After first threatening sanctions against South Africa, then President Bill Clinton later signed an executive order relaxing US intellectual property rights law in connection with the provision of HIV drugs in sub-Saharan Africa. The order bars any US agency from threatening WTO action or claiming violation of US patent law in order to discourage sub-Saharan African countries from producing or acquiring AIDS drugs.

What African LDCs can do

Brazil is often cited as an example African states could follow. "Except for a few countries that have existing patent laws, many countries in sub-Saharan Africa could go ahead and produce generic drugs or undertake parallel importing without raising any attention from pharmaceutical companies," says Mr. Mark Grayson of the Pharmaceutical Research and Manufacturers of America, a powerful lobby group that has sought action to shore up prices in South Africa. "Only a handful of African countries such as Kenya, South Africa and Zimbabwe have patent protection laws."

Since TRIPS gave a 10-year grace period to countries that did not already provide patent protection for pharmaceutical products when the agreement came into force in 1995, most African countries have until the beginning of 2006 before they must conform. Until then, many could follow Brazil's example. Of the 13 countries that have applied to the WTO to extend the period in which they must comply with TRIPS, none are in sub-Saharan Africa. "What is surprising is that no African country has aggressively pursued the mechanisms in the WTO agreement," says Mr. Salih Booker, executive director of the US-based advocacy group Africa Action.

Dr. Glaudine Mtshali, health attaché at the South African Embassy in Washington, DC, told *Africa Recovery* that in adopting the 1997 Medicines Act, South Africa "put into legislation the exemptions that TRIPS allows, enabling us to undertake compulsory licensing. But this only pertains to pharmaceutical products."

Given the pharmaceutical companies' decision to drop their law suit against South Africa, commented Ms. Ellen 't Hoen, legal advisor at the Paris-based non-governmental organization Médecins sans Frontières, "We don't think the drug companies will be taking another developing country to court anytime soon."

However, Oxfam, the UK-headquartered international relief and development NGO, believes that TRIPS still needs to be amended to improve the situation for poor countries. Along with other NGOs and some governments, it is lobbying to change TRIPS. Oxfam hopes to use the WTO's regular biennial TRIPS review, next scheduled for 2002, to revise TRIPS so that developing countries have greater freedom to decide the duration and scope of pharmaceutical patents, exempt medicines from patenting and permit the local manufacture of patented products as part of their national development strategies. ■

AIDS prevention in the ranks

UN targets peacekeepers, combatants in war against the disease

By **Michael Fleshman**

It is now widely accepted that the HIV/AIDS pandemic is, as Secretary-General Kofi Annan asserts in his report on AIDS to the General Assembly special session, "the most formidable development challenge of our time." World leaders increasingly call for a "war" on the deadly infection, and often note that the disease has killed more people in Africa than all of the continent's recent conflicts combined.

But there is strong evidence that war itself is a factor in the rapid spread of the virus in Africa. Conflict brings economic and social dislocation, notes the Joint UN Programme on AIDS (UNAIDS), including the forced movement of refugees and internally displaced people and resulting loss of livelihoods, separation of families, collapse of health and education services, and dramatically increased instances of rape and prostitution. All this contributes to conditions for the rapid spread of HIV and other infectious diseases. Military personnel, too, risk contracting or spreading the fatal illness, whether deployed as belligerents or peacekeepers.

On 10 January 2000 the UN Security Council focused international attention on the links between conflict and the disease during an unprecedented debate on the threat of HIV/AIDS to Africa. The Council followed its first-ever consideration of a health issue with the adoption of Resolution 1308 in July, declaring HIV/AIDS "a risk to stability and security" and requesting Mr. Annan to strengthen AIDS education and prevention training for peacekeeping personnel through the UN Department of Peacekeeping Operations (DPKO). Addressing the Security Council's fourth meeting on HIV/AIDS in January 2001, the executive director of UNAIDS, Dr. Peter Piot, applauded the sustained attention: "The simple fact that the Security Council regards AIDS as a significant problem sends a powerful message," he said. "The Council now regards support for the global fight against AIDS as among its core business."

AFP / Sarah Frances

African armies and UN peacekeepers are grappling with how to halt the spread of AIDS within their ranks.

Uncertain impact

The degree to which conflict contributes to the spread of HIV remains uncertain. The conditions which increase the risk of HIV infection in war zones also make it difficult to collect accurate information about infection rates or identify patterns of transmission. The limited data available, however, is alarming. A study of Nigerian troops returning from peacekeeping operations in West Africa, for example, conducted by the non-governmental Civil-Military Alliance to Combat HIV/AIDS (CMA), found infection rates more than double that of the country overall. Significantly, the study also found that a soldier's risk of infection doubled for each year spent on deployment in conflict regions — suggesting a direct link between duty in the war zone and HIV transmission.

Part of the problem, DPKO Medical Unit head Dr. Christen Halle told *Africa Recovery*, is that conflict tends to bring together two groups at very high risk of HIV infection — commercial sex workers and 15-24-year-old men. "Among refugees and displaced people it is common for the number of commercial sex workers to increase because women feel they have no other way to keep their families alive."

A similarly risky dynamic, he said, occurs among soldiers. "Military culture tends to exaggerate male behaviour," he explained, by removing thousands of young men in their sexual prime from the behavioural constraints of family and community, inculcating a sense of risk-taking and invincibility, and promoting aggression and toughness as the male ideal — attitudes that extend to sexual behaviour and often lead to contact with commercial sex workers.

A study of Dutch soldiers on a 5-month peacekeeping mission in Cambodia found that 45 per cent had sexual contact with prostitutes or other members of the local population during their deployment. With 18 violent conflicts, tens of thousands of troops in the field and some 8 million refugees and internally displaced people, Dr. Halle noted, it would be surprising if war were *not* a major factor in the spread of HIV in Africa. "There is a whole context [in combat areas] which contributes to the spread of infectious diseases, including sexually transmitted diseases like HIV."

High infection rates

The behaviour of the Dutch contingent in Cambodia lends statistical weight to a truism of military life: that for as long as there have been wars and young men to fight them, soldiers have found opportunities for sex and, inevitably, for the transmission of sexually

transmitted diseases. Until very recently such illnesses were considered among the least of a soldier's worries — often handled with "a wink and a nod" by local commanders and a strong dose of antibiotics from the medics. But amid evidence that infection rates for the AIDS virus are soaring among African military and police personnel, African governments, the UN and the international community are taking a closer look at the link between the uniformed services and AIDS, and are expanding education and prevention programmes.

Even in peacetime, UNAIDS estimates, HIV rates are 2-5 times higher among soldiers than for the populace as a whole. During operational deployment in conflict areas, infection rates among military personnel can be as much as 50 times higher than among civilians back home. When CMA first began working with African military leaders in 1993 to develop HIV education and prevention programmes, said CMA Associate Director Dr. Rodger Yeager, the usual response was denial. "For years we were told that AIDS was only a problem for homosexuals and drug addicts in the West," he said. "It was only when AIDS began to degrade readiness" — the ability of an army to put forces in the field with the training, manpower and equipment to accomplish its mission — "that the high command stopped denying they had a problem and started asking 'what can we do?'"

For soldiers and police already infected with HIV, the answer is very little. African militaries, like the states they defend, lack the resources to provide the afflicted with life-saving medications. Indeed, said Dr. Yeager, while almost all African militaries have adopted model "best practice" policies to provide troops with voluntary testing and counselling, few can afford to actually provide such services. Nor is there any guarantee that individual soldiers would step forward for voluntary testing, given the stigma that still surrounds the disease in many countries and the danger of dismissal from the armed services if tested positive.

African military leaders and the international community have focused instead on preventing the illness, developing HIV education and prevention materials for inclusion in existing military training programmes. In Uganda, President Yoweri Museveni told the African Development Forum in December (see *Africa Recovery* January 2001), the military has a strict policy of non-discrimination against HIV-positive soldiers. The former guerrilla commander, who is widely credited for Uganda's success in halving the country's rate of new infections, stressed that infected personnel are kept in the military and assigned less strenuous duties until they become too ill to serve.

A few other African countries already are beginning to focus some of their limited resources on HIV education for the military. In February, Burkina Faso's defence and health ministers met with the top armed forces officers to agree on a plan of action against HIV/AIDS in the military, as one component of the government's national anti-AIDS programme. This followed earlier, confidential studies on the extent and nature of the epidemic within the army. The plan of action provides for:

- reducing the rate of new infections among soldiers by 5 per cent annually through educational and preventive measures;
- ensuring that new recruits are HIV-negative;
- voluntary, anonymous and confidential testing of military personnel;
- counselling and the provision of generic medications to ill soldiers;
- social and economic assistance to the families and survivors of ill soldiers.

During 2001, the total cost of the plan is estimated at CFA 178 mn (about $250,000), with the funding coming from the UN Development Programme, World Bank, a dozen bilateral donors and several national anti-AIDS organizations. Col. Ali Traoré, the armed forces commander, pledged that the fight against AIDS would henceforth feature in the annual defence plan.

In other countries, bilateral assistance to African military organizations also has begun to arrive. In October, for example, the US Department of Defence launched a $10 mn Leadership and Investment in Fighting an Epidemic (LIFE) project to assist its African military partners in HIV prevention. According to LIFE Policy Director David Hamon, the US effort is focused on "training the trainers" in HIV prevention, providing technical assistance in the development of ongoing training methods and underwriting research on the prevalence and transmission of HIV in the uniformed services.

Are peacekeepers spreading HIV?

The policies and attitudes of member states, particularly those of the major troop contributors, are central to the UN's own efforts to combat HIV among peacekeeping personnel. Troop contributing states are responsible for the training and outfitting of the soldiers they make available to the UN, and DPKO can advise — but not dictate to — member states about their HIV/AIDS programmes. The issue has grown in significance amid concerns that the UN itself may be an unwitting agent for the spread of the virus around the world. "I regret to say," the former US Ambassador to the UN, Richard Holbrooke, told the Security Council in January 2000, "that AIDS is being spread, among other people, by peacekeepers."

'Advocates and actors' against AIDS

From 11-13 December 2000, the Joint UN Programme on AIDS (UNAIDS) convened a group of experts in Stockholm to review current DPKO procedures to combat the disease and recommend improvements. Peacekeeping personnel should be understood as "advocates and potential actors" in the fight against HIV/AIDS, the group declared, and all UN policies should be geared toward equipping them for that role. Key recommendations include:

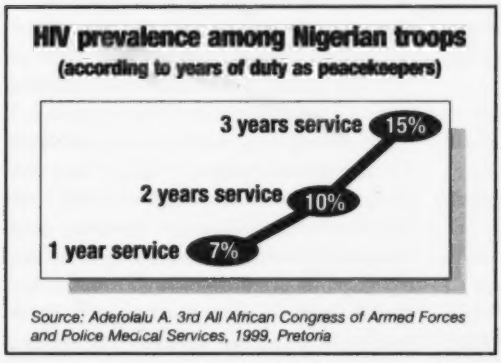
Training: The UN must develop minimum standards for pre-deployment training on HIV/AIDS for use by troop-contributing countries and UN training personnel. The number of UN Training Assistance Teams must be increased to reflect increased peacekeeping deployments with emphasis on "training the trainers." Education and training for mission personnel should continue during and after deployment.

Codes of conduct: The UN should encourage the development of updated and enforceable codes of conduct for troops, governing all aspects of contact with civilian populations and emphasizing HIV/AIDS prevention. Mission commanders should be empowered to repatriate peacekeepers in gross violation of the code.

Testing: In light of the complexity of the issue, the executive director of UNAIDS and the under-secretary-general for peacekeeping operations should urgently establish a senior expert panel to analyze and develop a comprehensive proposal on the issue of HIV testing.

While researchers agree that Mr. Holbrooke's statement is almost certainly true, a lack of data makes it impossible to accurately gauge the severity of the problem. Only a handful of cases have been publicly documented, and the most reliable way to measure the risk — mandatory testing of personnel before and after deployment abroad — is favoured by only a few countries.

The concern is justified: "We are huge movers of young people across borders and between continents," Dr. Halle noted. "Some come from non-endemic countries for deployment in endemic areas. Others come from endemic countries to non-endemic areas. It is a huge concern of ours that the legacy of the UN not be that of bringing the virus into the local environment. The legacy to the country providing the peacekeepers should not be to have them bring the HIV virus back home."



Source: Adefolalu A. 3rd All African Congress of Armed Forces and Police Medical Services, 1999, Pretoria

The principle objection to mandatory testing of peacekeepers, he explained, is on human rights grounds. "We cannot force a person to take a test that would exclude him or her from their chosen profession. Until we have a guarantee from troop contributors that the soldier found HIV-positive will not be discriminated against, we will find it very hard to change the policy."

Current DPKO policy as established by the General Assembly is to strongly encourage member states to offer voluntary and confidential counselling and testing (VCCT) to peacekeeping personnel, and encourage troop contributing countries to strengthen HIV/AIDS education and prevention courses in national military training programmes.

One of the biggest obstacles to voluntary testing, however, is cost. "Africans are the most vocal about the need for [voluntary] testing, but also that testing is expensive," said Dr. Halle. "They have the will to do it. They have the policy to do it. But they do not have the financial means to do it." There has been some indication that industrialized countries are willing to underwrite the cost of VCCT by the UN, but even then, said Dr. Halle, there are serious human rights and ethical issues: "It is important in a way that the results belong to us," and not the soldier's government, he asserted. "Because then we can oversee the way we use it so that the results are not used to discriminate.... The confidentiality issue is important here." Like many of the issues surrounding HIV testing, however, there is no consensus among member states about UN testing of peacekeepers. Some countries have reportedly insisted in preliminary discussions that any future HIV test results be made available to the soldier's government.

Focus on prevention

While the debate over testing continues, the UN is greatly expanding its education and prevention programmes among both civil and military members of peace missions. On the eve of a 19 January 2001 Security Council meeting, UNAIDS and the peacekeeping department initialed a cooperation agreement formalizing a joint effort to "develop the capacity of peacekeepers to become advocates and actors for awareness and prevention of HIV transmission." The existing 50-page DPKO booklet on HIV/AIDS will be simplified and released as a pocket card to every peacekeeping soldier. The card will be printed not just in the UN's official languages but in the languages of all major troop-contributing states, and tailored to the cultural norms and sensibilities of the readers.

In line with the recommendations of a UNAIDS experts meeting on HIV and peacekeeping in Stockholm last December (see box, page 17), regional centres, including two in Africa, will be established to encourage greater cooperation among countries. Dr. Halle, as DPKO's chief medical officer, has been designated the focal point for all DPKO efforts to combat the disease. All future UN peace missions will include a similar HIV/AIDS focal point to ensure that HIV awareness and prevention is integrated into all aspects of peacemaking and post-conflict peace-building, that programmes reach mission personnel and humanitarian workers, and that cooperation with local and international civil society organizations is enhanced. Condom distribution has been greatly increased, available not just in the medical tent, but wherever soldiers congregate — in the bathrooms, dining halls, bars and recreational facilities. The first test of the new approach began in Sierra Leone in March.

Changing attitudes

For Dr. Halle, the real challenge of reducing HIV in UN ranks comes not from the difficulty of developing culturally appropriate training materials, but in changing the attitudes that lead to unsafe and unacceptable behaviour — particularly towards women and children. For that reason, Dr. Halle noted, DPKO's HIV/AIDS initiative is guided as much by Security Council Resolution 1325 emphasizing the rights of women and children in conflict as it is by Resolution 1308 on HIV and conflict. Rape and prostitution are often seen as inevitable consequences of war, he observed, "but they shouldn't be. These things should be no more tolerated in war than they are in peacetime."

By changing attitudes, he said, DPKO hopes not just to change the behaviour of peacekeeping troops in the mission area, "but to make them activists and advocates to stop the spread of HIV when they get back home. We are trying to develop responsible peacekeepers — responsible not only in the way they handle their weapons and their direct tasks as peacekeepers, but responsible also in the way of handling their relationship to the population in the mission area and back home."

In the struggle to change attitudes, Dr. Halle said the UN's greatest allies are the religious leaders who accompany their troops into the field. For all the differences in culture, policy and approach, he concluded, there is a standard of decency and behaviour common to all humanity. "I do not expect a Muslim imam to promote the use of condoms. Nor do I expect a Catholic padre to do that. But what I have every right to expect, and where they do comply, is in talking about how you treat the people around you, especially the most vulnerable, the women and children. If you do that within the context of the Universal Declaration of Human Rights, within the context of global ethics, then you do something to contain the epidemic." ■

AIDS takes an economic and social toll

Impact on households and economic growth most severe in Southern Africa

By **Belinda Beresford**
Johannesburg

In Southern Africa, as elsewhere in the continent, the AIDS epidemic is not just a health crisis. It is also "a major threat to development and to human society," as Executive Director Peter Piot of the Joint United Nations Programme on AIDS (UNAIDS) put it at a conference in Nairobi in April. While wreaking havoc on the present generation, the disease jeopardizes the future as well, undermining African economies and societies in ways that often are not immediately apparent.

Taking a narrow economic approach, however, some have argued that AIDS is unlikely to inflict severe damage on national economies because those infected are, in their great majority, the poor and unskilled, who contribute little in pure economic terms. This view ignores not only the human dimension, but also the broader social and economic aspects of development. It likewise ignores the existing evidence of the many insidious ways in which AIDS already is harming key sectors in those countries most seriously affected by the epidemic.

Harvard University economist Jeffrey Sachs pointed out at an international AIDS conference in South Africa last year that HIV/AIDS damages society just as it does the human body: it begins by killing those parts responsible for building society, the women and breadwinners who sustain and safeguard the community as a whole. Ultimately, AIDS undercuts economic growth and harms development, but its impact is felt first at the "cellular" level, among African households.

Of all parts of Africa, the Southern African region has the highest infection rates (see map, page 21). In South Africa and Botswana, 15-year-olds currently have a one-in-two chance of dying of HIV/AIDS. The US Census Bureau last year forecast that Botswana, Zimbabwe and South Africa would experience negative population growth as a result of HIV. Slowly won development gains, such as life expectancy, education and literacy, are being eroded. In Botswana, it has been forecast that HIV will cut in half life expectancy at birth.

South Africa, once seen as the economic powerhouse for the region, is thought to have the greatest number of infections in the world — an estimated one in nine of the population has HIV. The spread of the virus is not expected to peak for another five years, when the estimated number of infected people may rise from 5.2 million to 8.2 million, or nearly 17 per cent of the total population. Such projections, of course, do not take into account new medical breakthroughs or changes in people's behaviours, which could impede the disease's progression.

HIV/AIDS damages society just as it does the human body: it begins by killing those parts responsible for building society, the women and breadwinners who sustain and safeguard the community as a whole.

Das Fotoarchiv / Henning Christoph

Farmers in Zambia: Loss of a family member to AIDS can push households deeper into poverty.

Families hit hard

Among households, the direct costs of HIV/AIDS can be measured in the lost income of those who die or who lose their jobs because of their illness. Household savings fall, consumption on items other than health and funerals declines and expenditure patterns are distorted as families struggle to cope with the demands of the sick and dying.

Mr. Robert Greener of the Botswana Institute of Policy Analysis told *Africa Recovery* that while government revenue from its diamond industry has been relatively unaffected by the AIDS crisis, that of households has been hit hard. Overall poverty rates will not necessarily get worse, "but the rate of improvement will not be what it was. We found that HIV will have a major effect on how [people] can invest in their own future." He estimates that between 17 and 25 per cent of households will lose an income earner in the next 10 years, with total income falling by 15 per cent in the poorest homes. A government AIDS-impact study estimated that overall household per capita income will fall by 8 per cent, and as much as 13 per cent for the poorest quarter.

Households which otherwise might have remained above the poverty line are pushed below it. This in turn can feed the epidemic. As the UN programme, UNAIDS, has pointed out, at least two of the behavioural responses to poverty can exacerbate the epidemic: migration in search of work and employment in the sex trade. When people are mired in poverty, "taking care to avoid HIV/AIDS may seem a less immediate concern for many people than simple survival." Combating poverty, in turn,

can help make people less vulnerable to AIDS. A study in Bushbuckridge, South Africa, found that providing micro-loans to groups of women gave the women some financial autonomy, enabling them to better negotiate safer sex.

On a wider scale and over time, the erosion of household incomes and opportunities can damage the fibre of entire communities and societies. Extended family networks, which can cope with the normal traumas of life in poor countries, often begin to fray when multiple orphans are dumped on them and when the breadwinners can no longer support themselves, let alone anyone else. The transfer of knowledge across generations is lost, and socialization is reduced.

Studies in Zimbabwe have found that of the AIDS orphans on commercial farms, not one was attending secondary school and almost half the primary school pupils had dropped out by the time their parents had died.

Health facilities under strain

Not only do overall household incomes fall, but also what money remains tends to be diverted to meet the needs of the sick. Family expenditure on healthcare rises, eventually consuming savings and other resources in an attempt to keep death at bay, and to pay for funerals when the battle is lost.

On a grander scale, countries' health systems themselves become overburdened. Already understaffed and underfunded, Africa's health infrastructure is struggling to cope with the enormous demands placed on it. Public health facilities in particular come under strain, as many private clinics and doctors choose not to offer treatment for HIV/AIDS. The lack of supplies can put healthcare workers at risk of becoming infected themselves.

AIDS distorts health-spending priorities. According to UNAIDS, up to 80 per cent of hospital beds in Zambia and Zimbabwe (as well as Côte d'Ivoire) are occupied by HIV-positive patients. For governments, the epidemic poses a number of dilemmas: to spend limited resources on trying to prevent further infections, helping those already infected, or combating other serious health problems, such as tuberculosis, malaria and cholera.

Empty schools

Many poor households affected by AIDS may not be able to afford to send their children to school. Even in countries where schooling is free, there are other costs such as uniforms and books. Specifically to address this problem, the World Food Programme has proposed that "take-home rations" should be added to school feeding projects to give families an incentive to send their children to school.

Such a programme could particularly help female children, since cultural conditioning means that girls are more likely to be kept out of school to become caregivers. Where HIV infection rates are lower, school attendance, especially of girls, tends to be higher.

Moreover, children may be the only able-bodied members of a household if the adults are sick — or dead — and are likely to concentrate more on survival and raising their siblings than on education. Studies in Zimbabwe have found that of the AIDS orphans on commercial farms, not one was attending secondary school and almost half the primary school pupils had dropped out by the time their parents had died. According to estimates, more than 7 per cent of Zambia's 1.9 million households are now headed by children aged 14 or less.

In some cases, students also may be subject to disproportionately high infection rates. At one South African university, it has been estimated that two-thirds of students will be HIV-positive by the time they graduate. As such students and pupils die, not only do Africa's economies lose potential skilled workers, but the governments' educational investment in them also is wasted. Similarly, families' expenditures on their schooling have been in vain, and they lose not just a loved one, but a possible source of future revenue.

Infection rates among teachers also are high. According to South African economists Peter Badcock-Walters and Alan Whiteside, in 1998 the mortality rate among educators was 39 per 1,000, or 70 per cent higher than in the 15-49 year age segment of the population. In Zambia, during the first ten months of last year, 1,300 teachers died of AIDS — two-thirds of the annual number of newly qualified teachers.

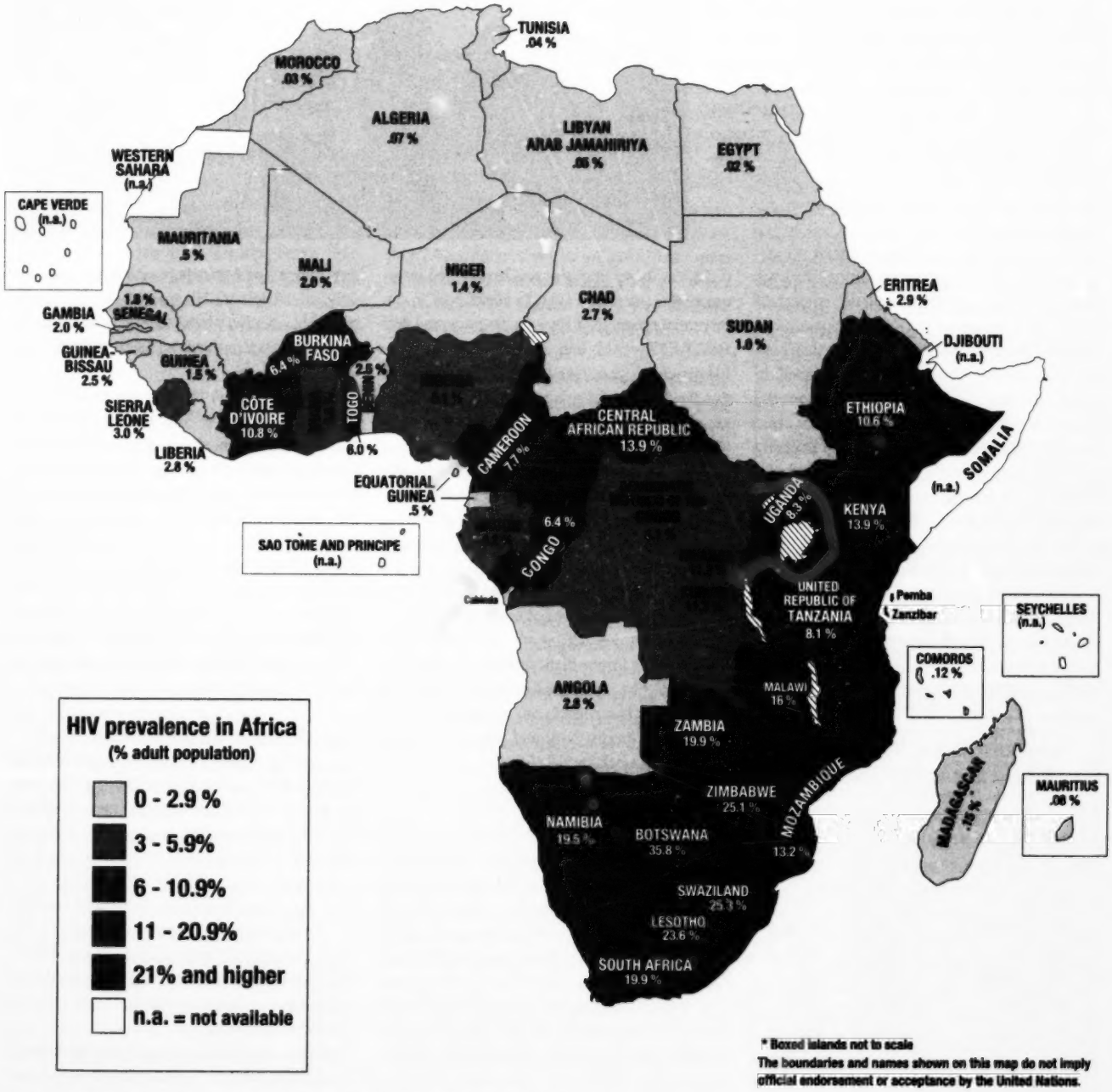
Macroeconomic impact

In many different ways, the devastation of AIDS among individuals and families ultimately affects a country's overall economic performance. The loss of experienced workers

turn to page 22

UNDP / Ruth Maclay

HIV prevalence in Africa



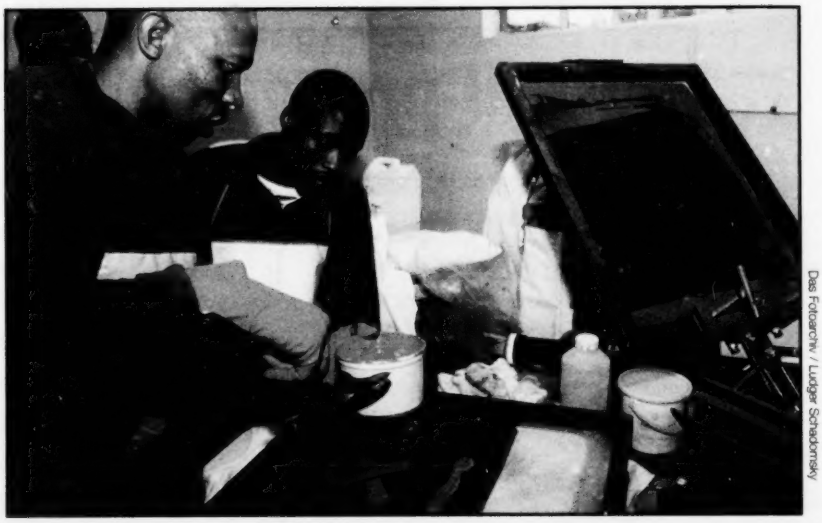
* Boxed islands not to scale

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

Source: UN Africa Recovery from UNAIDS, Report on the Global HIV-AIDS Epidemic, *June 2000.*

and skilled professionals saps production in key sectors. More insidiously, AIDS can erode the people's morale, weakening their confidence in the future, further harming productivity and undermining their willingness to save and invest.

Foreign investors also are becoming increasingly concerned about the implications of the HIV/AIDS epidemic, at a time when Africa is seeking to attract more international investment. For foreign investors, notes Mr. Gordon Smith, chief economist of Deutsche Bank in South Africa, "uncertainty means sell rather than hold," much less invest more money.



Das Fotoarchiv / Ludger Schadomsky

Former mineworkers in Lesotho, some of whom have AIDS, produce AIDS educational materials.

According to some estimates, annual per capita economic growth in Africa is 0.7 per cent less because of the cumulative impact of AIDS. Such estimates are seriously unreliable, however. There is a paucity of accurate data both on AIDS itself — precisely who is infected, in which economic sectors — and on how the illness actually affects different economic activities. Nor can the impact of AIDS be easily separated from other factors. "AIDS is part of a whole. It will have a macroeconomic impact," admitted Mr. Whiteside, the South African economist. "But you cannot disimpact AIDS from labour legislation, for example."

Nevertheless, numerous studies agree that AIDS can seriously slow down economic growth, to varying degrees. UNAIDS has estimated that when HIV prevalence rates rise to more than 20 per cent, gross domestic product (GDP) in those countries can be lowered by as much as 2 per cent a year. In South Africa, the investment bank ING Barings has projected that HIV/AIDS could drag down GDP by 0.3-0.4 per cent a year. Another study has indicated that by the end of the decade, AIDS could have knocked South Africa's GDP by 17 per cent, or $22 bn.

The UN Development Programme (UNDP), in its Botswana Human Development reports, cites government studies that HIV/AIDS will result in GDP being between 24 per cent and 38 per cent lower by 2021. Mr. Greener says that 2 per cent of the workforce in that country is showing clinical signs of AIDS. He predicts that over 25 years, GDP could be 40 per cent lower than without HIV/AIDS. "There will be an increased cost of skills," he says. "There is a need to put in place practices to maintain productivity and prevent a skills-related bottleneck."

Southern Africa: labour force losses due to HIV/AIDS (%)

	by 2005	by 2020
Botswana	-17.2	-30.8
Lesotho	-4.8	-10.6
Malawi	-10.7	-16.0
Mozambique	-9.0	-24.9
Namibia	-12.8	-35.1
South Africa	-10.8	-24.9
Tanzania	-9.1	-14.6
Zimbabwe	-19.7	-29.4

Source: UN Africa Recovery from ILO and UN Population Division data.

Farm output erodes

The agricultural sector is one of the hardest hit in sub-Saharan Africa, where it is often the largest contributor to the economy. As people sicken, the areas they cultivate may shrink, and yields decline as physical weakness reduces farmers' effectiveness. Food security is jeopardized, as labour, time and money is diverted to deal with the illness. Agricultural households may revert to subsistence rather than cash crop farming, and the quality and quantity of food may decline.

In Malawi, death rates among employees of the Ministry of Agriculture and Irrigation have doubled, almost all because of HIV/AIDS. In Namibia, studies indicate that agricultural extension workers spend a tenth of their time attending funerals.

"The effect of AIDS on food production is both immediate and long-term," Dr. Piot of UNAIDS has pointed out. This has been confirmed concretely by a study from Zimbabwe, which looked at the impact of an adult death on the household's ability to produce different foods. It estimated reductions of 61 per cent for maize, 49 per cent for vegetables and 37 per cent for groundnuts (see graph, page 23). But AIDS also hits long-term agricultural capacity. Livestock is often sold to pay funeral expenses, and orphaned children often lack the skills to farm or look after livestock in their care.

High infection among miners

The mining industry is notorious for its high rates of HIV infection, particularly where there are single-sex hostels and attendant male-to-male sexuality and commercial sex. Migrant labour adds to the problem, with workers carrying infection to and from their employment on trips home, including in other countries. Areas of Lesotho are now being devastated by HIV as sick workers return from South African mines, a situation exacerbated by the economic reliance of the small country on their remittances.

Although there have been anecdotal reports of infection rates as high as 60 per cent, some mining companies say this is exaggerated and

claim rates among their employees are close to the national average. The mining companies in South Africa are regarded as being at the forefront of businesses taking action on HIV/AIDS.

In Botswana, the highly mechanized diamond sector, which uses a smaller and more stable workforce, is likely to be relatively unaffected by HIV, unlike the gold mines in neighbouring South Africa. Few families realize direct earnings from diamonds and most of the revenue from the sector goes to the government. It therefore filters into the rest of the economy only through government expenditure. Thus, to an even greater extent than in many other countries, GDP, in per capita terms, does not reflect personal incomes. "Government is shielded, but people are not," observes Mr. Greener. "So that impact falls on the household."

Many firms have introduced AIDS awareness programmes, in conjunction with health checkups and free treatment of sexually transmitted diseases.

Companies bear the costs ...

According to a Deutsche Bank study, while the HIV infection rate among unskilled and semi-skilled workers in South Africa is expected to peak at just under 33 per cent by 2005, for highly skilled workers it is expected to be around 13 per cent. Nevertheless, such skills are scarce, and the impact of AIDS will be disproportionate. One study found that highly skilled workers are on average about three times as productive as unskilled workers, and productivity losses could account for about 54 per cent of total economic costs.

Employers will face other costs as well, for example through increased medical claims and insurance payouts. South Africa's Metropolitan Life insurance company has calculated that by the end of this decade payroll expenses could be 30 per cent higher as a result of HIV/AIDS related costs, including pension and sick leave payouts. Absenteeism rises as employees take time to nurse the sick or attend funerals.

"There will be a decline in workers' morale as they become gripped with fear and uncertainty as they see people around them dying," said Ms. Tsetsele Fantan, head of the HIV/AIDS programme at the Botswana diamond company Debswana. "There will be accidents as they start to lose concentration. Management resources will be eaten away by problem solving."

Skills shortages have been a perennial problem for businesses in Africa, a situation that HIV is making worse as more skilled workers die. Difficult or expensive to replace, the result can be a vicious circle as public and private infrastructure starts to decay. There have been reports of power failures in Zambia because there were not enough engineers to maintain the facilities. As HIV takes its toll, financial resources for training are being spread to cover more people, to ensure that enough will be available. Anecdotal reports suggest that some companies train several workers for every one they need — they assume natural attrition in the form of HIV will remove the extra hires.

... and take AIDS prevention seriously

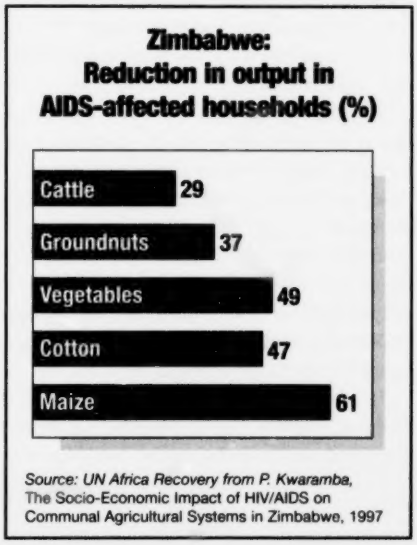
Many large companies began planning responses to HIV/AIDS years ago, including researching the likely impact on their workforce. Although there are sometimes legal concerns about employee testing, companies often do surveillance studies using saliva samples as part of other health checks. The South African mining firm Anglogold, for example, conducts anonymous tests on its miners, with their consent, during their checkups for tuberculosis. According to a manager at South African Breweries, 40 per cent of the company's workforce in KwaZulu Natal is HIV positive.

By planning ahead, the private sector has been able to shield itself to an extent. Some companies have sought to divest themselves of risk by outsourcing activities such as long distance transport, where workers tend to have high rates of HIV. One study by the Medical Research Council of South Africa found that approximately 90 per cent of truck drivers at one particular rest stop were HIV positive.

Some companies have concluded that the costs of introducing prevention and treatment measures could be lower than not doing so. The Anglo-American Corporation is just one organization looking at providing anti-retroviral drugs to its infected workers, especially if drug prices continue to fall. In Botswana, Debswana has announced plans to provide anti-retroviral therapy to each HIV-positive employee and one dependent, a move that is also being considered by one of its parent companies, De Beers.

Many firms have introduced AIDS awareness programmes, in conjunction with health checkups and free treatment of sexually transmitted diseases (STDs). Anglogold's research centre, Aurum, calculated that the company was saving money by treating STDs, in that it contributed to lower infection rates.

The South African power parastatal, Eskom, has been running HIV/AIDS programmes to educate staff and help those infected to remain healthy. The company, which employs approximately 32,000 people, claims to have infection rates "substantially less" than the national rate. Mr. Baningi Mkhize, the occupational medical services manager, says the company was inundated with employees wanting to take advantage of a voluntary counselling and testing programme. Staff who develop full-blown AIDS can join Aid for AIDS, a managed care programme that concentrates on the disease. Eskom itself earmarks R125 ($17) per employee for its HIV/AIDS programme, projecting to spend R150 per person the next financial year.



Source: UN Africa Recovery from P. Kwaramba, The Socio-Economic Impact of HIV/AIDS on Communal Agricultural Systems in Zimbabwe, 1997

In their efforts, employers are increasingly being helped — and prodded — by their trade unions. The Congress of South African Trade Unions, the largest union federation in the country, is planning to launch a campaign to get employers to pay for anti-retroviral drugs for infected workers. ■

Senegal's recipe for success

Early mobilization and political commitment keep HIV infections low

By ***Mamadou Mika Lom***
Dakar

Senegal is one of the countries cited as an example in the struggle against AIDS in Africa. Since its first confirmed case in 1986, the prevalence rate of HIV infections among adults has been kept at between 1.77 and 1.74 per cent. Around 80,000 adults and children are infected, out of a total population of 9 million.

The reasons for this success against the spread of the virus lie in Senegal's early response to the disease, vigorous preventive action, care of AIDS patients and the mobilization of people at all levels, including teachers, soldiers, women, religious leaders and non-governmental organizations (NGOs). Senegal's long experience with democracy and its freedom of the press also made it possible to openly discuss the problem and easily get out information about the disease.

In 1970, well before the discovery of the first AIDS case, the government already had initiated a policy for managing blood transfusions. It was strengthened after 1986 through the systematic screening of donated blood. And to better keep the disease from spreading among prostitutes, the health authorities very early established a system for addressing their health needs, as well as a programme against sexually transmitted diseases.

Bonds of trust were forged early on between medical experts and government officials, who were convinced of the stakes involved, and allocated budgetary resources to fight the disease. They launched a national committee to combat AIDS in October 1986.

Aware that all these initiatives would have only a limited impact if they were not accompanied by other measures, health officials in 1988 launched a national campaign aimed at women and young people, particularly students. Teaching modules on the links between AIDS and other sexually transmitted diseases were made part of school curricula. These target groups in turn helped to raise the awareness of other especially vulnerable and high-risk groups of the population, such as prostitutes and migrant workers.

Senegal was also among the first countries in Africa to take advantage of the new opportunities to gain access to anti-retroviral medicines, to care for those who have become infected. The average cost of basic medicines for treating AIDS-related diseases has been reduced by 90 per cent. In addition, President Abdoulaye Wade has committed the government to doubling the amount needed for anti-retrovirals, from CFA 250 mn to CFA 500 mn (about $700,000) per year.

Profile: AIDS in Senegal

People living with HIV/AIDS (1999)	**79,000**
of which:	
women (15-49 years old)	**40,000**
men (15-49)	**35,700**
children	**3,300**
Adult HIV prevalence rate (%)	**1.8**
Estimated AIDS deaths to 1999	**7,800**
Children who have lost one or both parents	**42,000**

Source: UNAIDS, UN Economic Commission for Africa, AIDS in Africa: Country by Country, *2000.*

Peer education

In support of these programmes, the interventions were decentralized at all levels by establishing numerous awareness-raising projects among community organizations, especially cultural and sports associations and women's groups. Centres for young people were set up in different regions, to promote the use of condoms and "peer education," in which young people knowledgeable about AIDS talk primarily to other young people.

"This method has the advantage of getting around the obstacle of sexual taboos" and the reluctance of youth to talk about sex in front of adults, says Ms. Ami Seck, a high school student belonging to the sports and cultural association in Louga. "Among themselves, young people are able to say everything, looking each other in the eyes, without any qualms."

The overall formula in the schools, notes Ms. Seck, is that "the teachers speak to the students, and then they in turn talk to people their own age and to members of their neighbourhood associations." A similar system is used with women's associations.

Religious leaders in the forefront

About 95 per cent of Senegal's population is Muslim and 4 per cent Christian. Religious authorities, both Muslim and Christian, have been very actively engaged in the battle against AIDS. They have organized workshops and conferences, of which the most important was

Health minister and AIDS specialist

Dr. Awa Marie Coll Seck, a specialist in HIV/AIDS and other infectious diseases, was named Senegal's new minister of health and prevention on 12 May. She has long been active in AIDS education and prevention activities, working with Senegal's national committee against AIDS since its formation in 1986. Three years later she launched a non-governmental organization dedicated to highlighting women's particular vulnerability to AIDS, and directed the group until 1996. She subsequently joined the staff of the Joint UN Programme on AIDS (UNAIDS) in Geneva, before taking on her new duties as minister.

Dr. Seck's appointment is noteworthy in several respects. Until recently, it has been rare for health professionals to actually attain ministerial office, a rank usually reserved for influential political figures. Like a number of other "civil society" ministers in the new government, which was formed in the wake of the 29 April legislative elections, she does not belong to any party. She also is one of a record number of six women in the cabinet, including Prime Minister Mame Madior Boye.

an international colloquium on "Religion and AIDS" held in Dakar in 1997, with the participation of representatives of Islamic, Christian, Buddhist and other religious communities from around the world.

From the outset, the Muslim leaders have refused to talk about condoms, preferring instead to emphasize in their sermons fidelity and abstinence as the best means for preventing the disease. They do not, however, exclude the possibility of a couple using condoms if one of them is infected. They also have done successful work in countering discrimination against infected people, some of whom previously had been rejected by their close families and communities.

Changing the behaviour of people is most important, stresses Mr. Bamar Guèye, coordinator of the Islamic NGO Jamra (Arabic for "embers"). "We have always insisted on the moral quality of the individual in our messages," he says. It was Jamra that succeeded in mobilizing the khalifs (spiritual leaders) of the main Islamic brotherhoods of Senegal to openly discuss the problem of AIDS.

Sida Service, a Christian NGO, also is heavily involved in the fight against AIDS. It is the only NGO to operate a centre that conducts free and anonymous screening for AIDS. Executive Secretary Paul Sagna acknowledges that his group does not reject the use of condoms, but most often advises "abstinence and fidelity."

Risky cultural practices

According to Ms. Bineta Bocoum, an official of the health education office in the Louga region (which has a high concentration of people who are HIV-positive), it is very difficult at the moment "to say who, among men and women, are the most infected with the disease in Senegal." Ms. Bocoum, who also is an active member of the Society for Women Against AIDS in Africa, adds that it is particularly risky to specify infection rates among prostitutes. While "official" prostitutes are well monitored and well educated about the disease, others practice the trade more clandestinely. Nevertheless, she is encouraged by the fact that information about the disease has been widely disseminated by NGOs and women's, youth and religious associations.

One problem, however, is that many of the cultural practices that are prevalent in Senegal may serve to propagate the spread of the disease.

World Bank / Curt Carnemark

Women's cooperative in Senegal: community groups have been key in spreading information about AIDS.

These include the *levirate,* in which a man is obligated to take as his wife the widow of a deceased brother, or the *sororat,* in which a woman marries the spouse of her late sister. Polygamy and excision (female genital mutilation) also are widely practiced. Fortunately, the involvement of religious leaders in raising awareness about AIDS has contributed to reducing such practices. As some of these authorities now emphasize, no one should be obliged to marry if it "runs the risk of losing your life."

Soldiers well-equipped

Army soldiers are regarded as the biggest consumers of condoms in Senegal. This is because special steps have been taken to raise the awareness of troops, in order to prevent the spread of AIDS. The success at this level lies with the fact that Dr. Souleymane Mboup, a colonel in the army's medical corps, has himself been deeply involved in research on the disease. He was part of the effort to isolate HIV-2, a particular strain of the malady discovered in Senegal, and he has received numerous distinctions for his research.

Generals in the Senegalese army often receive training about AIDS from military doctors, and in turn are expected to raise the awareness of their troops and the troops' families. During every peacekeeping mission involving Senegalese contingents, explained a military doctor, "the troops are well-educated about the disease and given sufficient numbers of condoms." While on mission, these troops also regularly undergo examinations and screening, the same source indicated.

Among private businesses, the emphasis is on preventive action. This is especially the case in the country's big enterprises, such as the Industries chimiques du Sénégal, a phosphate mining and processing complex in Thiès, and the Compagnie sucrière sénégalaise, a sugar plantation and milling enterprise in Saint-Louis. According to Mr. Papa Nalla Fall, a leading employers' representative, "everything is being done to safeguard workers from the disease."

"Since businesses are not isolated from society," says Mr. Fall, "it is therefore necessary to be concerned with the employee's immediate environment, and beyond that, with the entire community to which he belongs, to avoid eventual losses of time and money for the enterprise."

Mr. Fall took part in the December 2000 African Development Forum organized by the UN Economic Commission for Africa, which focused on the AIDS crisis. At the forum, he urged the reduction of developing countries' debts, so that they can devote more resources to the fight against AIDS. Upon his return to Senegal, he and other private employers initiated a series of seminars to stress the importance of disseminating information on AIDS within businesses.

A stable infection rate

In the 17 years since Senegal's first AIDS case was diagnosed, the HIV infection rate has been kept stable. Of the 80,000 or so Senegalese living with the virus, about 3,000 are children. Initially, there were about four infected men to every infected woman, but now the ratio is about equal.

According to medical experts, prostitutes, or

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Uganda beating back AIDS

Leadership, education and openness are keys to progress

By **Fred Kirungi**
Kampala

Uganda has recorded declining rates of HIV infection since 1993. Although HIV prevalence among pregnant women rose from 24 per cent in 1989 to 30 per cent in 1992, by 1999 it had dropped to 10 per cent, according to the latest figures from the AIDS Control Programme (ACP) in the Ministry of Health. Among patients suffering from sexually transmitted diseases at Uganda's leading hospital, Mulago, HIV infection rates fell from 44.2 per cent in 1989 to 23 per cent in 1999.

This achievement can be attributed to four factors, according to Dr. Joshua Musinguzi, the acting programme manager of ACP: the high level of political commitment to the fight against HIV/AIDS, openness about the epidemic, involvement of all sections of society and the government policy of decentralization. Even President Yoweri Museveni "got engaged in the fight early and encouraged other political leaders to do so," Dr Musinguzi told *Africa Recovery*.

Sean Sprague

Mobile team with a young AIDS sufferer in Kampala: Many sectors of Ugandan society are active in anti-AIDS activities.

A strong start

In 1986, the same year Mr. Museveni came to power, the government launched the ACP to spearhead the struggle against HIV/AIDS. The programme's objectives, according to Dr. Musinguzi, were to prevent further transmission of HIV, create mechanisms to care for the infected and their families and create the capacity to contain the epidemic. "The backbone of our programme was information, education and communication. We had to make people aware of the problem and translate this awareness into behavioural change," said Dr. Musinguzi.

The core of ACP's anti-AIDS message was abstinence from sex, faithfulness to one's partner and use of condoms. "More people are now using condoms and there has been a decline in casual sex," said Dr. Musinguzi.

The ACP alone distributed 80 mn condoms last year, and the number is expected to rise to 120 mn this year, compared to only 4 mn in 1990. A June 2000 report shows an increase in condom use across the country. In Kampala, 51 per cent of those surveyed used condoms in 1998 compared to 42 per cent in 1995. The report also records a slight decline in non-regular sex partners from 14.1 per cent in 1995 to 13.7 per cent in 1998. However, condom use with non-regular partners increased significantly, from 58 per cent to 76 per cent.

Local councils

Dr Musinguzi said the ACP conducted information campaigns on radio, television and in newspapers, distributed leaflets and posters and put up billboards across the country. However, because of the limited reach of these, especially in the rural areas, the programme also used existing administrative and social institutions.

"We especially used the LC [Local Council] system not only to get our message to every village but also ensure that anti-AIDS activities were initiated and implemented at the lowest level," he said.

The LC system is a hierarchical administrative structure from the village to the district level. At each level, there is a governing committee composed of nine elected members, including secretaries for health, women and youth. The ACP trained LC officials at the district and in some cases, sub-county levels, and they, in turn, trained their counterparts at the lower levels on AIDS-related issues. "Our approach was to encourage them to design and implement their own strategies to cope with the problem," said Dr. Musinguzi.

Although there was no direct funding from the government for AIDS-related activities in the villages, LC committees were given assistance in the form of information leaflets, condoms and, in some cases, HIV testing services. Since 1996 when the government adopted the policy of decentralization, 65 per cent of tax revenues remains at the sub-county level and some of it is committed to AIDS activities.

In addition, the ACP used drama groups, schools, churches, mosques and community-based organizations to help spread the word on AIDS. "Because of our openness about it, the challenge of AIDS became the concern of everybody. Churches, mosques, schools, the army, and even private companies initiated their own programmes to handle the problem," he said.

Combating stigma

Dr. Musinguzi said that openness about AIDS also helped remove the stigma associated with the scourge and encouraged people infected with HIV to join in the fight. One such group is the Buwolomera Development Association (BUDEA), set up in October 2000 in Iganga district, some 120 km east of the capital, Kampala. All 55 members of the group are

infected with HIV, and 43 of them are women.

Ms. Florence Kumunhyu said they formed the association not only to support each other, but also to help others in the community avoid their fate. "We visit and give each other material and emotional support. Since we are all infected, we appreciate each other's problems and the dangers of this scourge more than anybody else," says Ms. Kumunhyu.

Members of BUDEA visit schools, churches and mosques to preach against the epidemic. They also carry out door-to-door campaigns. "People take an infected person more seriously. Our status is an advantage rather than a weakness in the struggle against the spread of HIV," Ms. Kumunhyu says.

BUDEA receives no external funding, relying solely on the efforts of its members to finance its education and home care activities. "We rear chickens, grow crops and make handicrafts to raise money," explains Ms. Kumunhyu.

Society-wide coordination

The members of BUDEA initially belonged to a larger non-governmental organization, Integrated Development Activities and AIDS Concern (IDAAC). Formed 10 years ago, the NGO operates in the three districts of Eastern Uganda.

"We went to the villages encouraging people to come for HIV testing. We provided our members with home care support and counselling," said Rev. Jackson Muteeba, IDAAC's programme manager. As the numbers grew, however, IDAAC found it difficult to provide these services. "We encouraged them to form local associations so that they could support each other. Intervention measures are more effective and sustainable if they are applied from the lowest level, right from the home," Rev. Muteeba said. The group, with over 4,500 registered HIV patients, provides its member associations with training and advisory services. There now are over 1,500 NGOs and community-based organizations involved in HIV activities in the country.

"Intervention measures are more effective and sustainable if they are applied from the lowest level, right from the home."

— Rev. Jackson Muteeba

Dr. Musinguzi noted that it was the involvement of different sectors of society that originally led to the formation of the Uganda AIDS Commission (UAC) in 1992 to coordinate all AIDS activities. The UAC's director of AIDS research and policy development, Dr. John Rwomushana, explained that under the multi-sectoral approach the commission adopted in 1993, the struggle against AIDS was broadened to include fighting poverty, illiteracy, child abuse and cultural practices like polygamy and wife inheritance, all of which make individuals more vulnerable to HIV infection.

Overall, AIDS-related activities are expected to cost $181 mn over the next five years, according to the UAC. The government will contribute $60-88 mn, with the shortfall expected to be taken up by NGOs and donor agencies.

Cultural sensitivities

"Our education campaigns not only addressed AIDS and health-related issues," said Dr. Rwomushana, "but also risky cultural practices. HIV control was made an integral part of the country's national education and poverty eradication policies."

One of the biggest challenges, according to Dr. Rwomushana, was how to campaign against AIDS and risky behaviour without upsetting cultural and religious sensibilities. "We adopted a policy of inclusiveness that avoids confrontation with the different social and religious groups," he said. "The fact that the chairman of the Uganda AIDS Commission, Halem Imana, is a retired Catholic bishop is a demonstration of this."

One policy that posed particular problems was the promotion and distribution of condoms. Many religious groups were opposed to them, prompting the ACP and UAC to not be very forceful in promoting them in the beginning. That obstacle has now been overcome, according to Dr. Rwomushana.

"We encourage groups that preach morality to promote means of HIV avoidance they are comfortable with, without, however, undermining other agencies that may be promoting methods less acceptable to them," he said.

Profile: AIDS in Uganda

People living with HIV/AIDS (1999)	**823,000**
of which:	
women (15-49 years old)	**420,000**
men (15-49)	**350,000**
children	**53,000**
Adult HIV prevalence rate (%)	**8.3**
Estimated AIDS deaths to 1999	**110,000**
Children who have lost one or both parents	**1,700,000**

Source: UNAIDS, UN Economic Commission for Africa, AIDS in Africa: Country by Country, *2000.*

Big challenges

Despite all these achievements, there are serious challenges to be faced, not least the growing number of AIDS orphans. According to UAC, there are 1.9 million Ugandan children who have lost one or both parents to AIDS. "The challenge is to provide them with housing, food and education," says Dr. Rwomushana, who is in charge of formulating a national strategy to address the problem of orphans.

Another big challenge, according to Dr. Musinguzi, is reducing the comparatively high prevalence of HIV among girls aged 15-19 years. A March 2001 UAC report noted that girls are six times more likely to be infected with HIV than boys the same age. Dr. Musinguzi attributes this to the "sugar daddy" syndrome, referring to older, relatively wealthy men who engage adolescents in sexual relationships. "A broad approach that involves enrolling and keeping girls in school and equipping them with skills to resist such men is needed," he says.

Ms. Anne Akia Sydler, editor of *Straight Talk,* a free monthly magazine that targets adolescents, agrees. "Girls fall easy prey to sugar daddies because they have no bargaining power. *Straight Talk* is trying to equip these girls with bargaining and communication skills," she says.

Daunting as these challenges are, Dr. Rwomushana has no doubt that they will be surmounted. "With the involvement of everybody, we have managed to bring the infection rates down. There will be no complacency, and the situation can only improve," he says. ■

'Help us reconstruct the health system'

Interview with Dr. Ebrahim Samba, WHO Africa director

When travelling to meet donor officials outside Africa, which he does frequently as the Africa regional director of the World Health Organization (WHO), Dr. Ebrahim Samba often likes to shake their hands and remind them of what might happen if he were carrying Ebola or some other highly infectious illness. "If I were infected with any of these diseases, you risk being infected," he says. "You can stop Africans using passports and visas. But you cannot stop the infective agents, because they don't have passports and they don't need any visas."

Therefore, Dr. Samba emphasized in an interview with *Africa Recovery*, "it is common sense, informed personal interest for the non-Africans in the developed world to help Africa fight against these infectious diseases.... The more Africans are supported to fight against the diseases that plague Africa today, the greater the security of the developed world" as well. To some extent, he believes, alarm over the AIDS crisis has helped to focus greater international attention toward the African continent, including its health conditions. "They are responding, slowly, slowly. But it's coming."

"It is common sense for the non-Africans in the developed world to help Africa fight against these infectious diseases.... The more Africans are supported to fight against the diseases that plague Africa today, the greater the security of the developed world."

— Dr. Ebrahim Samba, Africa regional director, World Health Organization

WHO

Drug access: a catalyst

Access by Africans to affordable medicines is vital to combat AIDS, malaria, tuberculosis and many other diseases, Dr. Samba insists. Often in his discussions with donor officials and pharmaceutical company executives, they ask: With Africa's health delivery system in such poor shape, will it be possible to actually deliver the medicines? Whatever the current weaknesses of Africa's health sector, that is no reason to delay providing the drugs themselves, he responds.

The shortcomings of Africa's health system are many, Dr. Samba acknowledges. He cites problems of under-staffing, under-funding, poor management and corruption. "There is no perfect health system in the world. The health systems in Africa are even less perfect. But they are not zero. They are in a very poor state, but they can be improved. And if we have the drugs, that can be a catalyst, that can act synergistically with all the resources locally and internationally to improve the health delivery system."

He cites the example of the struggle against river blindness in West Africa, a campaign he led during the 1980s and early 1990s before taking up his current position as regional director. During that campaign, he was able to negotiate with several pharmaceutical companies to provide free of charge a key drug used for treating the disease. The "health infrastructure" was in a very poor state, but "we trained the communities, illiterates, non-medical technicians to deliver these drugs using community-oriented delivery systems." The campaign was highly successful, and river blindness is no longer a major public health problem in much of the region.

Dr. Samba agrees that river blindness was "a very small problem" compared to the AIDS/HIV pandemic, which is far more complex and widespread, and for which no cure has yet been found. To face up to the challenge, Africa's hospitals, clinics, research facilities, doctors and nurses need much more funding than they currently have. "Give us the resources, and we will deliver," he pledges.

Besides, Dr. Samba adds, the donors themselves bear some responsibility for the state of Africa's health system. He remembers arguing with donor officials, "particularly the World Bank," about structural adjustment programmes, which led to reductions in the recruitment of qualified staff, freezes on their salaries and the removal of subsidies on essential drugs. "They contributed tremendously to the destruction of the health delivery system. Now they turn around and say: 'We wouldn't like to give you these drugs because your health delivery system is weak'." The donors eventually began to change their approach on structural adjustment, "by which time the systems had been severely damaged. Now it is their turn to help us reconstruct these systems."

Poverty and women

Commenting on remarks by South African President Thabo Mbeki and others about the correlation between Africa's widespread poverty and the HIV/AIDS pandemic, Dr. Samba agrees that "poverty is the foundation of many of our disease problems."

This relationship is more direct with some diseases than others, he points out. Cholera, for example, is more closely linked. "Only poor communities suffer from cholera," since they lack potable water, proper latrines and education about basic sanitary practices. AIDS, however, threatens everyone. "Some rich people suffer from HIV/AIDS, sons of millionaires, judges, lawyers, doctors, engineers, teachers." Yet at the same time, "it is no coincidence" that Africa has the highest poverty rates in the world and accounts for the largest share of the world's AIDS cases. "So there is a very close inter-relationship between poverty and HIV/AIDS." Poverty contributes, he says, "but poverty is not the only cause."

Among all sectors of the population, women are the most susceptible to HIV infection, Dr. Samba points out. "There is an increasing awareness that because of the physiology of women, because of the economic deprivation that women suffer, they are more vulnerable to AIDS," he says. "More women, particularly young ones, suffer from HIV/AIDS than boys. More women are dying of HIV/AIDS than men. And when women die the children are orphaned, because it is the women who look after the children. Presently there are over 12 million orphans in Africa. If we project this in the next 20 years, the social implications are frightening."

Besides tackling the disease itself, there are two essential ways to reduce women's particular

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Linking AIDS campaign to development

Programmes to combat AIDS must be "integrated into all development programmes," and not be pursued in isolation, argues Ms. Mercy Makhalemele, executive director of the Tsabotsogo Community Development and Training Centre in South Africa. This is important not only to advance prevention efforts directed toward people at risk of infection, but also for those who already are HIV-positive. "If people with HIV live in a society where water is dirty, they will die of diarrhea," she told *Africa Recovery*. "So water also is important to people who have AIDS."

Eric Miller

HIV-positive pregnant women speaking with counsellors in South Africa.

Ms. Makhalemele, a single mother, is herself HIV-positive. She was one of the co-founders of the National Association of People Living with AIDS (NAPWA), established in 1994, and remains on its board. She has been at the forefront of the movement in South Africa for fair and equitable access to AIDS drugs. As one of the first women activists to disclose her HIV status, she also has been a prominent advocate for HIV-positive women. The programmes of her centre focus primarily on young people (in the Johannesburg area) and on women (in Durban), providing education and information about AIDS alongside training in basic life skills, job creation, community clean-up and other development activities.

With young people in particular, she suggests, it is important not to lecture or judge, but to recognize that they have many different concerns, such as employment, schooling and social companionship. The better they are able to develop skills for dealing with the wide array of life choices facing them, the more responsible they are likely to be in guarding against sexually transmitted diseases.

One of the problems with anti-AIDS programmes in South Africa today is that responsibility for them is overly concentrated in just the department of health, Ms. Makhalemele argues. In addition, "the social welfare department must do something about AIDS. Agriculture must do something about AIDS. All of them.... The health sector is overburdened, mainly because the other sectors are not physically getting involved. They have developed policies which are sitting in their offices. Our education department has not implemented the policy on AIDS in schools, to educate these young people."

Given her emphasis on dealing with AIDS in an overall context that includes broader public health and socio-economic issues, Ms. Makhalemele differs with those AIDS activists in South Africa who focus more exclusively on treatment and drug access questions. "Anti-retrovirals are an important treatment," she acknowledges. However, "there has to be a balance.... If you provide treatment, you have to have the infrastructure." It is vital to also address problems of poverty and unsanitary environments, which can seriously affect people's health and their ability to take care of themselves. She herself often has trouble making ends meet. "And if I'm struggling, what about the woman in a rural area?" ■

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vulnerability, Dr. Samba explains. "First, empowering women, increasing their status, giving them more education." Second "encouraging micro-economic activities to enable women to be sufficiently economically independent to say 'no' to unwanted sex, to insist on the use of condoms where it is necessary."

The AIDS crisis in Africa affects so many different sectors of the population and is so sweeping in scope that resolving it will require the energies of everyone, Africans and non-Africans alike, Dr. Samba concludes. "Let us work together in partnership, respecting each other and realizing that we are in this global village. We either sink together or float together. And we are going to float together." ■

Senegal's recipe for success

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"sex workers," are the group most exposed to the disease. Their prevalence rate is between 12 and 15 per cent. Dr. Ibra Ndoye, director of the National Programme Against AIDS and head of a major AIDS treatment and research centre at Fann Hospital in Dakar, notes that this rate compares favourably with the average for prostitutes in Africa, about 50 per cent of whom are believed to be infected. "The rate of infection of prostitutes is not alarming in Senegal," he maintains, adding that since 1988 the rate of new infections among Senegalese prostitutes has not changed. He attributes this to effective work on monitoring the population in general, and sex workers in particular.

The overall infection rate may climb somewhat over the next few years, but according to Dr. Ndoye, the goal is to not exceed 3 per cent between now and 2005.

"The greatest difficulty that we are now confronting," says Dr. Ndoye, "is the problem of access to medicines, whose prices still are too high for those who are sick." Another difficulty is the lack of information among doctors responsible for dealing with the disease. "AIDS is a new illness that requires a new approach among specialists involved in treating it," he says. Therefore better training and more medical personnel are needed to mount an even more effective response against the spread of the virus. ■

African cities under strain

Initiatives to improve housing, services, security and governance

By ***Ernest Harsch***

The central districts of many of Africa's major cities now boast numerous skyscrapers of cement, glass and steel. But far into the distance spread Africa's real urban conglomerations: unplanned, chaotic settlements built of wood, corrugated metal sheeting, mud bricks and whatever other materials may be at hand. They have only dirt roads and open sewer ditches. They lack piped water, refuse collection, electricity and most other basic municipal services.

These shantytowns are home to tens of millions — and they are growing rapidly. "Sub-Saharan Africa is the only region in the world where urbanization is associated with negative economic growth," says former South African President Nelson Mandela. "This adds to the enormity of the problems of urbanization in a region that is exactly most in need of growth and development to end and reverse its marginalization on the world stage."

Many of the recent arrivals in Africa's slums migrate from the countryside. Although the conditions are miserable and most urban Africans see little escape from poverty, more newcomers are constantly coming.

Africa's cities are being "overwhelmed by the sheer rate of change," Ms. Anna Kajumulo Tibaijuka, executive director of the Nairobi-based UN Centre for Human Settlements (UNCHS, or Habitat), told *Africa Recovery*. She cites as an example Dar es Salaam, in her own country, Tanzania, which is expanding at a remarkable rate of 10 per cent a year. At that pace, the city's total population will double in seven years. "You can imagine what that will do for water services, electricity, telephones, traffic, schools."

Homelessness does not mean that there are no homes. It exists because people don't have employment to have access to homes.

— Anna Kajumulo Tibaijuka, Executive Director, UN Centre for Human Settlements

The continent's urban problems do not revolve only around insufficient resources and services. They also include severe social dislocations, high levels of crime and insecurity, corrupt and inefficient local government institutions, striking inequalities in wealth and especially the pervasive poverty that blights most urban settlements.

A half decade ago, some of the unique urban problems of Africa were recognized at the Second UN Conference on Human Settlements (Habitat-II), held in June 1996 in Istanbul, Turkey. It adopted a global "Habitat Agenda," affirming that adequate shelter is a human right and acknowledging "the critical situation and needs of Africa and the least developed countries." Participants cited Africa's high rate of rural-to-urban migration, wars that have spurred massive population displacements and the severe decay of urban infrastructure. In June 2001, the UN General Assembly held a special session in New York called "Istanbul + 5." It looked again at the particular challenges facing urban centres in Africa and other parts of the world and reviewed the various programmes that have been initiated so far.

There has been some progress in implementing the Habitat Agenda in Africa, noted African ministers responsible for housing and urban settlements at a November 2000 meeting in Addis Ababa, Ethiopia. But at the same time, the ministers recognized that ineffective management, poor infrastructure and rising crime and violence have had "negative impacts . . . on the quality of life and working environment in many African cities and towns."

Urbanization and poverty

The African ministers also forecast that the continent will experience unprecedented urbanization over the next quarter century. Since most African cities simply are unprepared to accommodate the additional population, this will lead to a further "mushrooming of squatter settlements of high densities and inadequate or no services."

Already, Africa's urban population is growing at an average annual rate of 4 per cent, the highest of any world region. For some individual cities, it is significantly higher. Currently, Africa is still the most rural continent, with only about 38 per cent of its population living in cities and towns. But within the next three decades, more than half of all Africans will be in urban centres (see graph, next page).

Some of this urban growth is a result of natural population increase, but most comes from rural-to-urban migration. Drought, environmental degradation, rural poverty and wars continue to push many young villagers toward the cities in search of jobs and other economic and social opportunities. But with the economic crises of the past two decades, few regular jobs are to be had.

According to some analysts, Africa's urban problems have been worsened by the economic policies adopted by many governments during the 1980s and 1990s, largely at the urging of the World Bank and International Monetary Fund. The initial privatization programmes often led to reduced formal sector employment, as did trade liberalization, which contributed to the failure of many local businesses unable to compete with cheap imports. Without steady jobs, many residents have been unable to afford adequate shelter. "Homelessness does not mean that there are no homes," notes Ms. Tibaijuka. It exists because people "don't have employment to have access to homes."

On top of this, the budgetary stringency that came with structural adjustment programmes further eroded the capacities of municipal authorities to maintain and finance essential services, such as roads, waste collection, and electricity and water systems.

Two sides of a coin

Agricultural policies also have had an impact, notes Prof. Abdou Salam Fall, an urban sociologist at Chiekh Anta Diop University in Dakar, Senegal. Since market liberalization and the reduction

UNICEF / Jorgen Schytte

Many informal settlements lack piped water and other basic amenities.

of government support services in the 1980s, there has been an "accelerated process of pauperization" among Senegalese farmers, especially in the groundnut sector. This has pushed even more rural youth to seek income opportunities in the main cities or in Europe and the US.

For such reasons, Mr. Mandela emphasized, "We have to overcome the mindset which counterposes rural and urban development. Poverty knows no boundaries. Rural and urban development are two sides of the same coin."

In Africa overall, poverty is still largely rural. But with increased concentrations of people in the cities, poverty has been growing more markedly in the urban centres, even as rural conditions have improved slightly in some African countries. The November 2000 meeting of African housing and urban ministers observed that there has been a trend toward both an "urbanization and feminization of poverty" in many African countries. (Estimates of the number of households headed by women in African capital cities range between 10 and 25 per cent.)

Conditions in some of the largest cities have deteriorated to such an extent that the patterns of migration from the countryside are starting to shift. Historically, most migrants have flocked to one or two main cities in a given country: Abidjan, Nairobi, Dar es Salaam, Dakar, Brazzaville, Luanda. In 1999, according to estimates by the UN's Population Division, more than half the total urban population lived in the single largest city in 16 African countries.

Over the past decade, however, as conditions in these big cities have worsened, the urbanization process has become less lopsided. In Tanzania, for example, medium-sized towns of about 20-30,000 people have proliferated. According to research by Prof. Fall, Dakar's rate of growth has slowed noticeably, while four or five secondary towns now absorb a greater share of rural migrants, marking the beginning of a "diversification" of Senegal's urban centres.

Slum upgrading

Even before the 1996 Habitat conference, programmes and projects were launched in a number of African countries to help residents of urban slums build better housing and to improve essential services. In Ghana, for example, a series of urban upgrading projects have been under way since 1985, in one of the most extensive efforts anywhere in Africa. By 2000, these had improved infrastructure and services for nearly half a million people in five cities, out of a total of 2 million urban residents classified as poor.

According to Mr. Chris Banes, a World Bank municipal engineer who has worked with the Ghana project, one key to its progress has been "political commitment" at the national level. Other factors were decentralization of responsibility and authority to local governments, active involvement by community groups, and an emphasis on basic, achievable services, such as main access routes, drainage networks, water supply, sanitation and refuse collection.

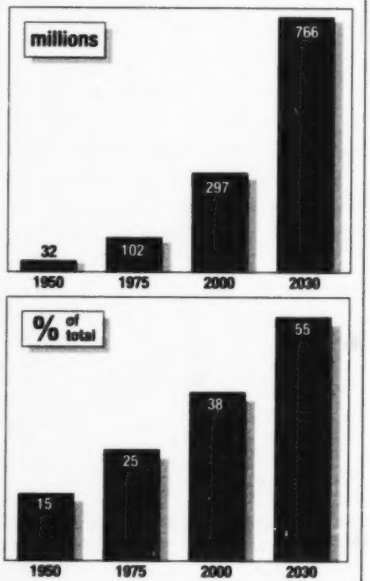
The Istanbul conference led to a greater emphasis, across Africa and in other parts of the world, on building stronger partnerships among all those actively concerned with urban improvement: national governments, municipalities, external donor agencies, non-governmental organizations (NGOs), and local communities themselves, including private sector contractors and businesses.

To strengthen coordination among aid agencies, Habitat and the World Bank launched the Cities Alliance in 1999, which has been spearheading the Cities Without Slums initiative, for which Mr. Mandela is the "patron." It works with other UN agencies, regional development banks, bilateral donors, local associations of municipal authorities, NGOs and private companies to identify and prepare city-wide and countrywide slum upgrading programmes. Many of the initial ones have been in Asia, but programmes also are being prepared in some African countries, such as Mauritania and South Africa. The grant facility's total target for the first three-year period (1999-2001) is $40 mn.

Community participation

While external financing can play an essential role, many

Africa's urban population



Source: UN Africa Recovery from UN Population Division data.

urban development experts, drawing on experiences like those in Ghana, argue that active involvement by local communities is equally, if not more, important. Because urban poverty in Africa is extremely complex, sustainable solutions to the problems of the most destitute will require an "integrated approach, based on community participation," argue Mr. Mohamed Soumaré and Mr. Jérôme Gérard, both of Environment and Development Action-Third World (ENDA), a regional NGO headquartered in Dakar.

The active involvement of local communities is essential for slum upgrading programmes.

In Malawi, Habitat for Humanity, another NGO, works with local and district governments, the national authorities, community groups and traditional chiefs to build low-cost houses and latrines. Locally elected committees choose low-income applicants who are willing to provide voluntary labour and ready to repay input costs (payments which go into a revolving fund for further construction). The project has involved more than 460 communities and has built nearly 4,000 houses and latrines.

In Luanda Sul, a poor shantytown area of the Angolan capital, an urban programme launched in 1995 has benefited some 2,700 families displaced by that country's civil war. It has built 2,210 houses and laid in drainage, piped water and electricity lines, with financing from taxes and tariffs, the sale of land concessions and investments by private businesses. Community representatives participated in the design and planning of the programme, and local residents have first option to buy land.

One notable feature of the Luanda Sul programme was the creation of 4,000 local jobs through its construction projects, which was particularly welcome in an area of high unemployment. Similarly, in nearly a dozen West African countries, most of them francophone, job-creation through public works projects in poor urban neighbourhoods has been an explicit goal of the Agence de travaux d'intêret public pour l'emploi (AGETIP) programme, supported by the World Bank. Many of the construction projects undertaken through AGETIP were proposed by municipal authorities, but in Chad, Guinea-Bissau and Senegal a number also were proposed by community leaders or NGOs.

Community involvement has not always ensured that the benefits of such projects reach everyone. In Voi, Kenya, the government agreed that local residents could acquire access to land through traditional communal tenure arrangements, and NGOs provided technical and legal support for securing titles. However, according to one of the NGOs, Kituo Cha Sheria (Legal Aid Centre), women were marginalized in the process, since customary practices kept men as the main decision-makers. One of the lessons that Habitat has drawn from such cases is that urban improvement projects should have a special focus on women.

Financing dilemmas

One of the greatest dilemmas facing many African cities is how to finance the development and maintenance of essential services, such as waste removal and the provision of clean water. Despite some financial support from national governments or donor agencies — usually only for the initial construction of facilities, not their on-going operations — municipal authorities must rely overwhelmingly on local taxes, fees and tariffs.

A Habitat study of municipal taxation in Kenya, Tanzania and Uganda found that many big cities draw most of their revenue from property taxes. These account for 60 per cent of total revenue in Nairobi and 56 per cent in Dar es Salaam. In Uganda's capital, Kampala, it is only 6 per cent, but reaches 43 per cent in Jinja, another Ugandan city. Through such taxes, the better-off sectors of society — those able to own taxable property — help pay for services that benefit a broader layer of the population, including some of the poor.

But actually collecting all the taxes that could be paid, let alone expanding the tax base, is not easy. Property valuations often are incomplete and out of date, while it is very difficult to value property in unplanned residential areas, since legal ownership is poorly documented. Many taxpayers also are reluctant to pay what they owe, especially where corruption is widespread and they do not see their taxes being put to good use. Moreover, in Nairobi, Mombasa and Dar es Salaam, central government institutions are among the largest property owners, but do not

Impediments to women's tenure rights
(% of countries reporting)

	Owning land	Inheriting land and housing	Taking mortgages in their own name
Africa	41	70	31
Arab States	29	29	21
Asia-Pacific	24	24	24
Industrialized countries	11	0	0
Latin America & Caribbean	24	11	34
World	24	26	24

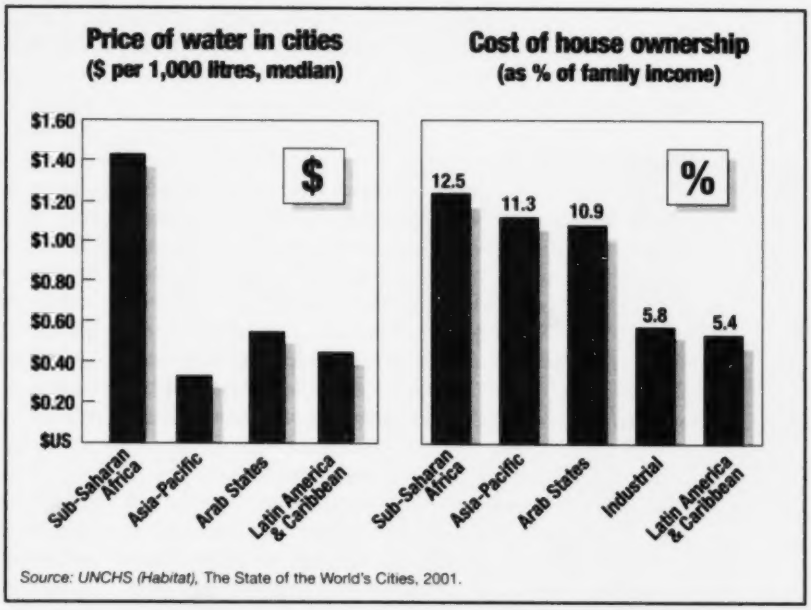
Source: UNCHS (Habitat), The State of the World's Cities, 2001

pay anything into the municipal coffers.

Given such financing constraints, there is a growing trend among city authorities to privatize or contract out the provision of services. In East Africa, the privatization of waste removal has been most prevalent. Nairobi privatized garbage collection in the central business district in 1997, while some 100 small firms operate in other neighbourhoods, many of which never had much public refuse collection. In Dar es Salaam, five private companies have been awarded contracts to collect solid waste in specific parts of the city.

Although efficiency generally has improved, there are shortcomings. Private contractors usually operate mainly in middle- and higher-income areas, where residents can afford to pay, leaving many of the poor without such services. In a number of countries, including Cameroon, Côte d'Ivoire, Guinea, the Republic of Congo and Senegal, public municipal bus companies are disappearing with the privatization of transport sectors. Private taxis and bus companies often are more expensive, and only serve the more lucrative routes, obliging many urban residents to bicycle or walk longer distances.

Ms. Tibaijuka sees a role for privatization of water services, but also raises concerns about equity and access. "It is a myth that the poor at the moment are accessing water free," she argues. Because of a "total failure of public provision, the water is not reaching these people." As a result, they must buy water from informal sector vendors, and often end up paying more than the rich do.



Source: UNCHS (Habitat), The State of the World's Cities, 2001.

"The notion of privatization of water services is, in itself, not a bad thing." But then, she adds, "How will people access the privatized water?" Policies are needed to ensure that the poor are not excluded simply because they cannot afford to pay. "It is not a matter of either/or. It is a question of finding clear answers, without losing sight of the end objective, which is to improve people's access to water."

In Uganda, for example, the government's long-term goal is to

Senegal experiments with decentralization

Senegal's new constitution, approved overwhelmingly by voters at the beginning of the year, affirms that elected local government bodies will "constitute the institutional framework for citizens' participation in the management of public affairs." Precisely how to do that has been a matter of some debate, however. Both the government of President Abdoulaye Wade and the National Assembly, newly elected in late April, are discussing various proposals to reform municipal and rural government.

Previous decentralization initiatives had very mixed results. Elected municipal councils were first introduced under French colonial rule, and then developed further after independence in 1960. Generally, the national government ceded only limited authority to these councils, and most lacked the revenue to accomplish even the few tasks assigned to them.

In Rufisque-East, part of metropolitan Dakar, the municipal council has been relatively effective, steadily increasing its revenues from local taxes, fees and tariffs, in conjunction with a policy of actively encouraging community organizations to manage local projects. But in the southern town of Kolda, electrical power was cut off in January because the council could not pay its power bills. In Khombole, Dahra and many other municipalities, residents have staged public protests against serious mismanagement, shady real estate deals and corruption.

Patronage politics has made things worse. In 1996 the former ruling party created 43 "communes" in Dakar, with many of the posts going to party loyalists who had failed to secure more prestigious positions in the national administration. A wave of scandals resulted, involving irregular housing allocations, embezzlement, favouritism and what a former housing minister referred to as a system of "grand-scale, organized pillage." Public anger mounted, especially as conditions worsened for many ordinary Senegalese. Between 1992 and 1997, the percentage of urban households below the poverty line rose from 30 per cent to 35 per cent.

This disgruntlement helped Mr. Wade win the March 2000 presidential election with the backing of a broad opposition coalition. Soon, many local mayors were dismissed as financial audits exposed more of their misdeeds. In July 2000 the new government simply dissolved the heavily indebted Communauté urbaine de Dakar, a super municipal structure that had included the capital and four adjoining municipalities. Since then, responsibility for water services, trash collection and other tasks has devolved to the local councils.

Before new municipal councils and mayors are elected in November 2001, the central government and legislature will seek further reforms. The overall goals will be to make the councils more transparent and responsive to citizens' concerns, limit the scope for corruption, bolster their revenues and give them greater spending authority. The ultimate aim, states former Minister of Decentralization Khady Fall Diallo, is to "stimulate development at the grassroots."

ensure full "cost recovery" for municipal services. But it also recognizes that public subsidies may be necessary to ensure that low-income groups have access to clean water services.

Local governance

Solutions to many of the problems of African cities depend critically on the capacities, competence and legitimacy of municipal governments and institutions. As Habitat points out, efforts to achieve secure tenure for poor residents and to include as many urban actors as possible in upgrading programmes require local government institutions that are efficient, open and transparent. To focus more attention on such issues, it has launched a Global Campaign for Good Urban Governance. Negotiations currently are under way on a proposed World Charter of Local Self-Government, which would emphasize the need for national governments to decentralize more responsibilities and authority to the local level.

In most African countries, "political and administrative power is highly centralized," observed Mr. K.Y. Amoako, executive secretary of the UN Economic Commission for Africa, at the November meeting in Addis Ababa. "Cities neither have the political nor financial clout, let alone the administrative and technical capacity, to make decisions critical to the way people live."

He added that while more African countries have moved toward decentralization over the past decade, this has "often not been accompanied by the necessary fiscal power to enable local governments and communities to raise revenues to finance investments and the operational costs essential for the sound management of cities."

Similarly, with the dramatic shift in the 1990s toward multiparty democracy in much of Africa, more municipal governments now have elected city councils and mayors. Democratization is important, emphasizes Prof. Catherine Coquery-Vidrovitch, a prominent French historian of Africa, otherwise urban governance would have little real meaning, except to manage the cities "more efficiently on behalf of the elites and transnational corporations."

Even where formal democratization has been introduced, corruption and other shortcomings in municipal administration have not necessarily dissipated. In Burkina Faso, for example, municipal councils have been elected since 1995, but there have been numerous cases of embezzlement, bribe-taking and other malpractices by elected councillors and appointed administrators alike. Since late 1999, residents of Ouagadougou, Bobo-Dioulasso, Tenkodogo, Houndé, Koudougou and other towns have been protesting that titles to urban land have been distributed unfairly to officials' wives, relatives and friends or to wealthy individuals willing to pay hefty bribes.

Perhaps the greatest factor in pushing for improved urban governance is the increased assertiveness of civil society organizations. In two neighbourhoods of Nairobi, for instance, residents went to court and won an order suspending payments of rates and service charges to the city council until roads, water and sanitation services improve.

Since the 1980s and 1990s, some of the biggest challenges to structural adjustment and other problems of the cities have come from urban youth, notes Mr. Kadmiel Wekwete, who has worked on urban programmes in Zimbabwe and is now a senior technical advisor at the UN Capital Development Fund. As more and more Africans are concentrated in urban areas and view the cities as their primary home, the more likely they are to press vocally for improvements. Increasingly, he says, "local governments are having to grapple with an urban population that is demanding things." ■

UNDP / Mary Speck

Land rights campaign in Nairobi

Squatters fight for their homes

By ***Rasna Warah***
Nairobi

Shortly after dark one night, a Molotov cocktail descended on a squatter community on the northeastern outskirts of Nairobi, Kenya's capital city. Fortunately, the 2,000 or so residents were not asleep and no lives were lost. But they lost everything else they owned, including beds, stools, clothes and crockery. The fire was no accident. Like many arson attacks on informal settlements in the country, it was meant as a warning — leave or die.

"Squatters across the country live in perpetual fear of being evicted by the authorities or private developers," says Mr. Othello Gruduah of the *East African Standard*, a local daily. "Like a feeding deer with an ear to the ground just in case a predator lurks nearby, the peace of the squatters is temporary. They are refugees — a people on the move in their own country with nowhere to lay their heads."

Yet, squatters and slum dwellers comprise the majority of Nairobi's 2.3 million residents. Recent statistics indicate that 60 per cent of the city's population — 1.4 million people — reside in the over 100 slum and squatter communities scattered on the fringes and within the city. Most are crowded onto less than 5 per cent of the total residential land in the city.

Poor and overcrowded

"Kenyan slums, and particularly those in Nairobi, are arguably among the worst in Africa," says a report by Matrix Development Consultancy, a local research firm.

Comparable perhaps only to the favelas of Rio de Janeiro (Brazil) or the pavement dwellings of Mumbai (India), Nairobi's slums are among the most dense, unsanitary and insecure in the world. The most common dwelling is one room accommodating an average of four-six people. Densities average 250 units per hectare. Urban services, if they are provided at all, are extremely basic, consisting of earth roads and paths, earth drains, communal water points and pit latrines, each shared by as many as 60 people.

Renting by the room is the most common form of house tenure, accounting for about 80 per cent of residents. Security of tenure is precarious; evictions, often violent, occur at the whim of the structure or land owner.

The root of the problem, say housing rights activists, is a failure of the government to adequately address the urban land issue. Informal settlements are often not recognized as inhabited areas by the authorities, with the result that they can be alienated at any time. Because the land on which the squatters and slum dwellers live is potentially valuable real estate, "land grabbing" (irregular allocation or sale of public land to individuals or organizations that have proved their loyalty to the state apparatus) is extremely common.

Fighting back

However, the slum dwellers are now fighting back. In the mid-1990s, slum dwellers in Nairobi and Mombasa, Kenya's second largest city, organized themselves into a federation to present a unified voice against forced evictions and land grabbing. In July 2000, the Federation of Slum Dwellers, or Muungano wa Wanavijiji, launched an urban land rights campaign that demands, among other things, secure and permanent tenure for residents of informal settlements.

Ms. Jane Weru, the executive director of Pamoja Trust, a non-governmental organization (NGO) that works with federations of slum dwellers in Kenya, believes that the movement will not only force the government to revise property and land rights in the country, but will also provide slum dwellers with an opportunity to have a dialogue with the state.

UN Chronicle / Horst Rutsch

Squatters in a tent in Nairobi's Mitumba slum: many live in constant fear of eviction.

The Nairobi-based UN Centre for Human Settlements (Habitat) has initiated a project to facilitate this type of dialogue, the Global Campaign for Secure Tenure, launched last year. It aims to directly address the issue of urban poverty and exclusion by arguing that secure tenure is one of the most important catalysts in stabilizing communities and helping cities leverage corporate and individual investment. The campaign is designed to link international development agencies and governments with communities and their activities.

Improving slums

The campaign will need not only the political will of governments, but of urban citizens as well. Ms. Anna Kajumulo Tibaijuka, Habitat's executive director, says that the campaign's agenda can only work if the value system of urban society is transformed. Slums, or "spontaneous settlements," as she calls them, are the result of a system that tolerates homelessness and exclusion. Reaffirming the UN Millennium Summit's pledge to improve the lives of at least 1 billion slum dwellers by 2020, Ms. Tibaijuka has already begun promoting slum improvement

Ms. Rasna Warah is editor of Habitat Debate, *a UNCHS (Habitat) periodical.*

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Cleaning a town, from the ground up

Habitat project on "Localizing Agenda 21"

By ***Roman Rollnick***
Nakuru

This dusty town some 160 kilometres northwest of the Kenyan capital, Nairobi, used to be known as the cleanest town in East Africa. It is famous for its saline lake, one of the world's most important flamingo breeding sites and heartland of the Lake Nakuru National Park, widely regarded as Kenya's premier game park.

Thousands of visitors from around the world come each year, but all is not well for Nakuru's estimated 360,000 residents, whose numbers are growing at a staggering rate of 7 per cent a year, according to estimates by the UN Centre for Human Settlements (UNCHS). This rapid urban development is causing problems for municipal officials and wildlife authorities alike.

Buffaloes regularly crash through the park fence and baboons able to climb over it can clean out a mature maize field overnight. When it rains, streams of human waste and debris are carried down to the lake, creating health problems for people and animals alike. Meanwhile, Nakuru's poorer residents suffer from inadequate shelter, sporadic or non-existent electricity, and an acute shortage of fresh water.

To improve local urban and environmental conditions, UNCHS, also known as Habitat, launched a long-term project, known as the Localizing Agenda 21 Programme in the early 1990s. It gets its name from Agenda 21, the programme of action adopted a decade ago at the Earth Summit in Rio de Janeiro. Habitat started pilot projects in three medium-sized cities around the world: Nakuru, the Moroccan town of Essaouira and Vinh City in Vietnam.

'The ideas were not imposed'

With the agreement of the municipal authorities, a permanently-staffed UNCHS office was established in the council building, managed by an experienced Kenyan town planner, Ms. Margaret Ng'ayu. "The ideas were not imposed by us. Every initiative undertaken by Habitat was discussed at length in regular meetings with the municipality and local community leaders," Ms. Ng'ayu says. "We wanted to hear what they felt were the most important needs, and then to see how we could work together and implement the improvements. At every stage, we hold meetings with them to ensure a holistic approach with proper representation at every level."

Studies by UNCHS and local government authorities revealed some startling statistics. They showed that 75.9 per cent of the people live in just one room, which they usually have to share. Only 3.1 percent own their homes. Less than 10 per cent have indoor kitchens, toilets and bathrooms, and fewer still have any running water or electricity.

"It is usually the women who have to spend a good deal of their time ensuring there is sufficient water for their households," says Ms. Ng'ayu. "They can buy it from vendors, or they have to go and collect it." The National Water Corporation supplies only 13,000 cubic metres per day, out of the 75,000 cubic metres the town requires. A new borehole, built under the Localizing Agenda 21 Programme, now provides another 26,000 cubic metres. Local residents can collect water from it for a token price and sell it for a small profit.

Rubbish and sewage

In recent years, rubbish collection depots have been built in the suburbs along the game park, considerably improving hygiene. Every two weeks, a waste compacting truck provided by the World Bank empties each of the rubbish depots. And plans are under way to build a drainage system so that human waste is properly disposed.

"With the assistance of local communities, the human waste sewage system, which four years ago provided only 19 per cent coverage for Nakuru, now covers 30 per cent," says Mr. Simon Kiarie, the municipal officer in charge of sewage and waste management. The coverage, he adds, will rise to 70 per cent once the programme is fully implemented.

Habitat also is encouraging people to build homes with bricks that it produces cheaply from local volcanic sand and cement. More than 100 homes have been built recently in this way, "and people are catching on fast," says Mr. Paul Chege, the local municipal planner.

As conditions in Nakuru visibly improved, UN officials noted that one of the key factors was the availability of good information on various aspects of urban development. "I cannot stress how important we have found it to streamline existing information management practices within the local municipality," says Ms. Ng'ayu. Ensuring that information on different sectors was routinely available to senior managers was a prerequisite for more integrated urban development planning and management, as well as for building up credibility with external donors.

"We have to lift ourselves up, and we can do it," said Mr. Erastus Makuna, a science teacher and local community leader who has been consulted at every stage of the Habitat programme. "It takes time — years — but we are slowly seeing improvements. We want Nakuru to become known as it once was — the cleanest town in Africa." ■

Land rights in Nairobi

from page 35

initiatives around the world, in collaboration with the World Bank and other donors.

In Nairobi, Habitat has started working with the government on city development strategies for the metropolitan area. In November, Ms. Tibaijuka met with Kenyan President Daniel arap Moi, who agreed to pursue a joint slum-upgrading project in the city. The president is patron of a high level inter-governmental committee which is seeking to confront the problems of informal settlements on a citywide level, rather than simply improving

Target the rural poor, says IFAD

In Africa's countryside, the ranks of the poor keep growing

By **Simon Ekern**

The world community needs to devote greater attention to the needs of the rural poor, since the majority of the world's poor live in the countryside and will continue to do so until at least 2035, according to a new report by the UN's International Fund for Agricultural Development (IFAD). Despite this concentration of the poor in rural areas, the absolute value of aid to agriculture fell by two-thirds from 1987 to 1998, while overall investments in agriculture and rural areas decreased, notes IFAD's *Rural Poverty Report 2001*.

"To succeed, poverty reduction programs must be refocused on rural people and on agriculture," argues Mr. Michael Lipton, director of the Poverty Research Unit at Sussex University in the UK, who contributed to the IFAD study. More specifically, the report emphasizes, reducing rural poverty will require promoting production of the staple foods that are so essential to the livelihoods of the rural poor, better allocating and distributing water, increasing the share of resources going to the rural poor, and giving special attention to the needs of women.

Since little of this is now being done, world leaders will not meet their commitment last year at the UN Millennium Summit to cut global poverty in half by 2015, predicts the report. So far, only 10 million people are escaping poverty annually, instead of the projected 30 million. The ramifications of this failure are especially acute in sub-Sahara Africa, where the rate of poverty reduction will have to be six times greater to meet the deadline.

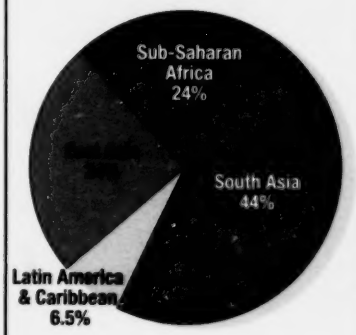
Misconceptions

"The failure stems in large part from a misconception that the main poverty problem has moved from the countryside to the burgeoning megacities of the developing world," commented Mr. Fawzi H. Al-Sultan, then-president of IFAD. (Mr. Lennart Båge has since been named IFAD president; see Appointments, page 44.)

According to World Bank estimates, sub-Saharan Africa had 217.2 million people living on less than $1 a day in 1987, a figure that increased to 290.9 million by 1998. As the number of African poor has continued to climb, their share of the total population has scarcely declined, from 46.6 to 46.3 per cent over the same period.

Although IFAD confirms that the overall rate of poverty in Africa has not come down, a few countries have had an "appreciable decline in rural poverty." It specifically cites Ethiopia, which had high agricultural output in the early 1990s due to good rainfall, though growth has since slowed because of war. In addition, Uganda, with improved security in general, has experienced good growth performance, raising average incomes. In Mauritania and Zambia, there also were declines, but with poverty levels remaining high. In Zimbabwe, by contrast, there has been an evident increase in poverty.

Rural poor by region, % of all poor



Source: UN Africa Recovery from IFAD, Rural Poverty Report, 2001.

HIV/AIDS into the countryside

In East and Southern Africa, all six countries surveyed in the report have higher rural than urban poverty rates. In West and Central Africa, rural poverty is higher than urban in nine out of ten surveyed countries. In poor households in West and Central Africa, between 20 and 30 per cent of children die before the age of five, a rate not experienced in much of Asia or the rest of Africa for the past half-century. HIV/AIDS, initially a problem of Africa's urban non-poor, now is increasingly infecting the rural poor as well.

In light of such trends, UN Secretary-General Kofi Annan stated at the time of the report's release that in order "to deal with urban as well as rural poverty in a sustainable way, we must give people in rural areas better opportunities to make a living."

Overall economic growth will not be sufficient to reduce rural poverty, argues IFAD. Resources need to be carefully targeted, with a conscious effort to give the rural poor equitable access to institutions and markets. They also require productive resources, such as land, water, knowledge and technology; opportunities to participate in decentralized resource management; and access to micro-finance to expand their opportunities in the market. Labour-intensive approaches to agricultural development likewise benefit the poor.

Women merit special attention in all these areas. Gaps between men and women hinder economic growth and human development, the report says, and such gaps are greater in rural areas, and greatest among the rural poor.

Better cooperation between international donors and national governments is essential in the battle against poverty. But, stated Mr. Al-Sultan, "The fundamental partnership … is with the poor themselves. They have the talents, the skills and the knowledge." ■

individual slums. The project will entail a participatory process in which the slum dwellers, their organizations and their alliances with NGOs take a leadership role. Habitat will facilitate these partnerships and will promote exchanges between government officials and slum dwellers. Habitat also will collaborate with Slum Dwellers International, a growing network of local and grassroots initiatives in Asia and sub-Saharan Africa, to facilitate exchanges between African and Asian cities.

"As custodians of the Habitat Agenda, Habitat is well placed to help governments and the international community to meet the goal of improving the lives of slum dwellers," says Ms. Tibaijuka. "We have a responsibility to ensure that our children inherit cities without fear, towns with houses and homes, and villages full of hope."

Africa preparing its own recovery plans

United Nations

African leaders call for more investments in sanitation, health and other social sectors.

from page 5

weight given to traditional sources of financing. Mr. Wade seems even more critical of external development assistance than the other presidents. He refers to Africa's past reliance on aid and loans as "a complete failure," which has brought few lasting benefits but has increased the continent's debt burden. Another problem with the current aid process has been its piecemeal nature, the Senegalese president said during a late-May visit to Morocco. "If we continue to build a small airport here, a stretch of road there, it will take 50 or 100 years to overcome the gap in infrastructure."

One of his economic advisers, Mr. Gnounka Touré Diouf, has raised an additional concern: that aid often comes with excessive conditionality and undue donor influence over national policies. Africa has had development plans before, he noted at a May briefing in Dakar on the Omega Plan, "but every time, those other plans were infiltrated by the donors. This time we have a plan thought out and finalized by African experts themselves."

At a February meeting of economists in Dakar, Mr. Wade had some sharp words for the IMF and World Bank. Those institutions were not created with Africa's interests in mind, he stressed, and their constant interventions in Africa have resulted in the continent's increasing indebtedness. The specific focus of their involvement also keeps changing, he said. "They do not consult us to understand what orientation should be followed."

So that the world community can better support Africa, President Wade proposes the creation of a new international fund, managed by the UN, to provide very long-term concessional loans (not due for 50 years) for projects in the four priority areas highlighted in the Omega Plan.

Porto Alegre

Similar criticisms of the international financial and trade institutions have come from African non-governmental organizations (NGOs) and

Senegal dares to expand its universities

In a departure from previous economic agreements that put a squeeze on higher education in Senegal, the new government of President Abdoulaye Wade is planning a dramatic expansion. Currently, there are some 23,200 students at Senegal's two public universities, in Dakar and Saint-Louis. Government officials have been discussing increasing the total student population at the two universities to around 40,000 within several years, with additional numbers at regional "university centres," such as the existing one in Bambey.

President Abdoulaye Wade of Senegal, initiator of the Omega Plan.

Such proposals have caused friction with World Bank officials, who had played a central role in influencing the previous government's education policies. In 1996, Senegal signed a six-year higher education project with the World Bank, in which the Bank pledged to cover 86 per cent of the total CFA 14.5 bn ($30.9 mn) cost. Within a framework strongly favouring liberalization and the promotion of private higher education institutions, the project aimed to reduce the number of public university students by limiting intake, raising enrolment fees and other student costs and constraining faculty recruitment. Subsequently, a ten-year education and training programme was negotiated to cover the entire educational sector. Out of a total of CFA 150 bn in financing for its first three years, just 4 per cent was earmarked for the universities.

These policies provoked considerable opposition from students and faculty alike, and university demonstrations and strikes were frequent during the late 1990s. In his campaign for the presidency, Mr. Wade championed many of the economic and social grievances of Senegal's poor, including students and unemployed youths. This contributed to his stunning upset victory in March 2000, and to the solid majority won by his political coalition in the April 2001 legislative election.

Some analysts see the new emphasis on expanding higher education as a concession to a vocal component of the president's political constituency. Indeed, when violent university student protests again erupted in January 2001 — leading to the death of a protester — Mr. Wade quickly promised to grant their demand for more scholarships. But greater outlays for student scholarships and faculty recruitment also correspond with Mr. Wade's broader developmental vision, which emphasizes boosting Senegal's management capacity, productivity, and international competitiveness through a rapid upgrading of professional and technical skills.

World Bank officials have expressed

civil society associations, although usually expressed in even more stinging terms. During the Davos meeting, some 15,000 participants from 120 countries around the world, including Africa, convened at the World Social Forum in Porto Alegre, Brazil. Acknowledging the meeting's significance, some of those in Davos — including international financier George Soros and UN Development Programme Administrator Mark Malloch Brown — took part in a live satellite debate with leaders of the Porto Alegre forum.

Many of those gathering in Brazil disagreed with a narrowly economic or "neo-liberal" approach to globalization, calling instead for an "other globalization" that would place a higher priority on people's rights and social well-being. "The values of neo-liberalism are being attacked on the grounds that they prioritize free-market individualism over social values and the common good," commented South African Member of Parliament Ben Turok.

The disparate groups that gathered in Porto Alegre did not issue a final communiqué, although they did agree to convene again next year and urged social activists to continue their protests at major meetings of the WTO, World Bank, IMF and other such institutions.

Cancel Africa's debt

Individual organizations or groups of associations did present their specific concerns during the forum. Mr. Ousseynou Sané, a Senegalese farmer belonging to an international network called Agriculture Paysanne et Mondialisation, denounced the decline in world market prices for farmers' crops, while the costs of fertilizer and other inputs continue to rise. Many of the African NGOs in Porto Alegre issued a declaration demanding cancellation of Africa's debt and the restoration of African countries' "sovereignty." Jubilee South, one of the components of the Jubilee 2000 international anti-debt coalition, called on NGOs and researchers to convene in their countries "people's tribunals on the debt" to judge whether the loans contracted by their governments had any legitimate purpose.

The issue of Africa's debt came up again a month later, in Bamako, Mali. When Mr. Wolfensohn, World Bank president, arrived for a joint visit with IMF Managing Director Horst Köhler, he was greeted with a demonstration organized by the Malian affiliate of the Jubilee movement. "For us, the IMF and World Bank are the source of our country's impoverishment," declared Ms. Aminata Touré Barry, one of the protest organizers.

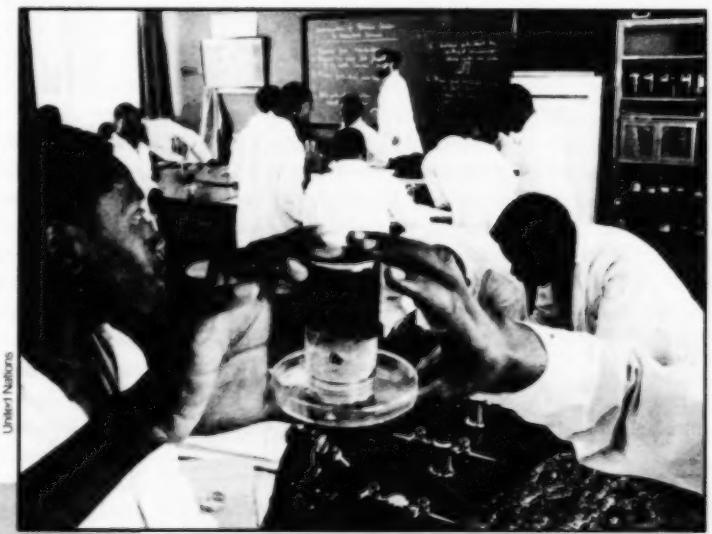
The joint visit to Mali by the heads of the two financial institutions was unprecedented, and according to Mr. Köhler represented a "new approach" based on closer dialogue with African leaders. After meeting with a dozen, predominantly West African presidents in Bamako, they then traveled to Dar es Salaam, Tanzania, where they met with another twelve heads of state from Eastern and Southern Africa.

The meetings were held behind closed doors, and no concrete results were announced. Mr. Köhler indicated, however, that the IMF and World Bank would be more open to financing projects that have a regional and sub-regional dimension, rather than just a national one. This is in accord with the approach recommended in both the Millennium and Omega initiatives.

Indeed, during the Bamako visit, the IMF and World Bank heads were directly briefed on the Millennium programme by Presidents Mbeki, Obasanjo and Bouteflika, joined by Malian President Alpha Oumar Konaré. A few days later, Mr. Köhler publicly welcomed the programme as a "distinctly African vision," under the direction of "an emerging collective leadership in Africa."

At the May meeting of African ministers in Algiers, donor representatives were similarly impressed. Mr. Jean-Claude Fauré, chairman of the Development Assistance Committee of the industrialized countries' Organization for Economic Cooperation and Development welcomed the push by Africa to "take charge" of its own development and promised the organization's support.

The African initiative, stated ECA Executive Secretary K.Y. Amoako in Algiers, "provides a needed political momentum, as only Africa's top political leadership can make the kinds of changes in governance necessary to create a lasting foundation for our development. It provides a high-level visibility with our partners. I think it will give us a far better chance of obtaining the changes in development partnership which we seek." ■



United Nations

Enhancing African universities and technical institutes will boost the capacities and skills the continent needs to move forward in a highly competitive world.

serious misgivings about this aspect of the government's plans, however. Following Mr. Wade's accord with the students, Mr. Adrien Wespoor, responsible for the Bank's education programmes in Africa, urged the authorities to adhere to the agreed programme, specifically by reducing spending on scholarships. A couple of weeks earlier, Senegal's then minister of higher education, Mr. Madior Diouf, had accused World Bank negotiators of "denigrating the interests" of Senegal when he and two other ministers sought to renegotiate the terms of the education agreements signed by the previous government. If the World Bank remained obstinate, Mr. Diouf suggested, Senegal could go elsewhere for financing, specifically citing Saudi Arabia. In fact, after Mr. Wade's later accord with the university students, the president reported that an "Arab friend" actually had pledged most of the additional financing needed for the scholarships.

Momentum builds for LDCs

UN conference brings some aid and trade gains for least developed

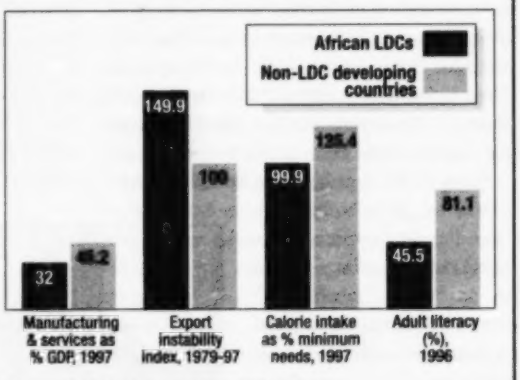
By ***Tim Wall***
Brussels

Although a hoped-for breakthrough agreement on open markets never materialized at the Third UN Conference on Least Developed Countries (LDCs), African leaders attending the mid-May meeting in Brussels noted a forward momentum on trade and aid. Of the 49 nations categorized by the UN as "least developed," 34 are in sub-Saharan Africa.

Speaking at a wrap-up 20 May press briefing, Rwandan Minister of Economy and Finance Donald Kaberuka said the conference had achieved solid gains for the LDCs. Ms. Eveline Herfkens, minister for development cooperation of the Netherlands, cited a pledge issued earlier in the year by the European Union to eliminate or phase out tariffs and quotas on all imports from LDCs save for armaments — the "everything but arms" initiative — which she said was directly attributable to the UN conference, hosted by the EU and held in the European Parliament building. So was a decision taken by the Organization for Economic Cooperation and Development, meeting in nearby Paris the same week as the Brussels conference, to "untie" $2 bn of bilateral aid to the LDCs, Ms. Herfkens said. ("Tied" aid requires that project procurement goes to firms in the donor country, and is widely criticized as inefficient and inimical to capacity building in recipient nations.)

Additional initiatives were announced in Brussels. European Commission (EC) President Romano Prodi said on 15 May that the EU would forego payments on all outstanding LDC obligations arising from special loans under the terms of the former Lomé Convention (now the Cotonou Convention). Two days later, EC Trade Commissioner Pascal Lamy pledged that the EU would suspend use of anti-dumping measures against the LDCs, and give additional support to trade-related capacity building. A US contribution of $200 mn for a multilateral trust fund for AIDS — a project stimulated by UN Secretary-General Kofi Annan — was announced by US Agency for International Aid Director Andrew Natsios. He also said that his agency was making budget requests for stepped-up aid for debt relief for indebted poor countries and for projects supporting basic education.

Selected LDC indicators



Source: UN Africa Recovery from UNCTAD data.

Hopes unfulfilled

Leaders from Africa and other LDC countries had been hoping for something more, however. Specifically, organizers from the conference secretariat were anticipating the possibility that other major-market economies would follow the EU lead on granting duty-free and quota-free access to LDC products. These hopes were supported by Mr. Annan, who said on the opening day of the conference that the EU trade initiative "is just a beginning."

But Mr. Lamy, who had been working behind the scenes to bring other "Quad" members (the US, Canada and Japan, in addition to the EU) on board, told a press briefing later in the week that the effort had fallen through. Even though all of these countries offer preferential terms for many import items from the LDCs, some LDC products compete in areas deemed sensitive and thus encounter stiff protectionist barriers. The stumbling blocks included rice in Japan and textiles in the US, Mr. Lamy said.

Mr. Lamy nonetheless expressed confidence that there is some momentum toward improved LDC access to Northern markets, which would strengthen LDCs' trade and investment potential in ways that do not threaten domestic producers in the rich countries. According to the

Aid conditions will be simplified, says EU commissioner

Given mounting concerns by African countries over the proliferation of different conditions attached to donor assistance, the European Union aims to "simplify and clarify" the conditionalities it links to its own aid, Mr. Poul Nielson, the European commissioner for development cooperation and humanitarian aid, told *Africa Recovery* in a late-January interview. Moreover, recipient countries should not feel that such conditions are imposed from the outside, said Mr. Nielson, who prefers to call them "shared principles." Increasingly, he said, the EU will use the Poverty Reduction Strategy Papers negotiated between recipient countries and the IMF and World Bank as the basis for its own aid agreements.

When asked whether excessive donor conditionality may in fact undermine the long-term goal of building up the capacities of African countries to decide and manage their own affairs, Mr. Nielson agreed that capacity-building is vital for the continent's future. He said that he would like to see support for capacity-building become a "hardcore, big money" component of the EU's development cooperation with Africa, rather than something that is just "added on" to projects in the field.

Some critics have argued that the EU's trade policies tend to lock developing countries into the export of traditional primary commodities and make it harder for them to diversify into the production of other goods. Mr. Nielson responded that diversification certainly is "the core for creating a broader basis for economic progress." One hopeful sign is the strengthening of sub-regional economic groupings within Africa, he said, which should facilitate the diversification of African economies. The European Investment Bank, he noted, currently has a €2.2 bn facility which can help fund diversification projects. European tariffs on manufactured imports from Africa and other poor countries also are declining, giving greater incentive to the development of their manufacturing industries. In addition to the "everything but arms" agreement on LDC imports, he expected that import tariffs on other developing country manufactured goods "will inevitably be reduced to insignificant levels."

UN Conference on Trade and Development (UNCTAD), LDC exports account for only 0.4 per cent of world trade. In the end, the conference participants could agree only on "working towards the objective" of duty-free and quota-free market access.

Mustering 'moral force'

LDC countries may also expect support from international civil society on such issues. Addressing the NGO Forum held parallel to the LDC conference, the UN Secretary-General hailed the civil society campaign that in recent years has thrown a spotlight on the burdens of the highly indebted poor countries, urging similar efforts around their trade concerns. "We need a campaign for more open markets, which will muster the same moral force as the campaign to cancel debt," he said. Mr. Annan noted that some NGOs have advocated a "Jubilee 2010" initiative, which would dismantle trade barriers to poor countries and retrain low-income workers of developed countries who might lose their jobs to increased competition from the developing economies.

As for the LDCs themselves, Mr. Kaberuka, Rwanda's finance minister, said "we have to look at what we can do for ourselves" to establish a stable environment for attracting foreign direct investment. He was confident that commitments by LDCs to improve governance, enhance human resources and mobilize their own financial resources would be carried out. In large part, he said, this is because the LDCs will carry out peer reviews of each other's performance, with a strong measure of self-interest built into the reviews. Since many LDC nations share borders, he noted, negative developments in a neighbouring country can dissuade trade and investment in poor countries in general.

A new trade round?

In the background of the Brussels conference lurked discussions about the possibility of a new round of trade talks, to be negotiated through the World Trade Organization. WTO Director-General Mike Moore stated at one of the thematic sessions that "no new round can start or be completed without the developing country and LDC interests being addressed and resolved." He added that the WTO is working to help LDCs participate more fully and equitably in global trade agreements.

However, many least developed countries, along with non-LDCs like Nigeria, expressed reluctance to become involved in new talks until they are satisfied that commitments made to them during earlier rounds are fulfilled. Tanzanian Trade Minister Iddi Simba complained of trade agreement "indigestion" suffered by poor countries overwhelmed with paperwork and qualifying conditions. Furthermore, LDCs need assistance with productive capacity and commodity diversification, so that they can take advantage of new market opportunities as they open up, he said at a session on trade.

LDCs and African countries may have been slightly mollified by a pledge in the Brussels programme of action for development partners to implement in full the "special and differential measures" aimed at helping LDCs meet their obligations under the Uruguay Round of trade negotiations, which led to the WTO's formation. The programme of action also urges developed countries to consider new measures to benefit the LDCs.

The LDCs are taking none of this for granted. Mr. Simba announced in Brussels that a special meeting of LDC trade representatives is being organized, with the support of UNCTAD. It will take place in Tanzania in advance of the upcoming WTO ministerial meeting in Qatar in November. He said the meeting would assess the potential benefits of a new trade round. He also warned that the WTO might lose effectiveness or collapse if the needs of developing countries in general are not taken fully into account. ■

Producers, importers hammer out new cocoa accord

With the aim of achieving a "balanced development of the world cocoa economy," producing countries negotiated a new international agreement with importing country representatives in early March. The accord, the sixth of its kind, provides mechanisms for trying to reconcile the sometimes-conflicting interests of cocoa farmers, exporters, importing countries and the multinational firms that process the cocoa beans, all within a context of environmental and economic sustainability. About 70 per cent of the world's cocoa is produced in West Africa, with Côte d'Ivoire the world's biggest producing country, followed by Ghana. Cocoa producers and processing companies alike have been experiencing serious difficulties in recent years, as world market prices have reached their lowest level in nearly three decades.

The last cocoa agreement, negotiated in 1993, was set to expire at the end of September 2001, prompting the talks in Geneva under the sponsorship of the UN Conference on Trade and Development. That another agreement of any kind was reached was seen as a breakthrough, since the first round of talks in November 2000 ended in deadlock over differing interpretations of what constitutes a "sustainable cocoa economy."

Mr. Lambert Nguessan of Côte d'Ivoire, representing the Africa group in the Geneva talks, emphasized the importance of boosting the incomes of cocoa farmers. The new agreement leaves this primarily to the producing countries, expecting that they will be able to help farmers form cooperatives to increase their bargaining power.

Mr. Nguessan also stressed the importance to producing countries of increasing value-added to their cocoa exports, through greater local processing of the cocoa beans as opposed to simply exporting them in raw form. Côte d'Ivoire itself already has been forging ahead on this path, and now exports about 5 per cent of the world's cocoa grinds, behind both the US and Netherlands, which each account for about 15 per cent. The London-based International Cocoa Conference (ICCO), responsible for administering the agreement and comprising all its members, will assist producing countries in preparing development proposals for submission to financing institutions. To stimulate further investment and research in the cocoa sector, the agreement provides for the establishment of a new consultative board, comprised of farmers' organizations, traders, processors, manufacturers and research institutes.

One area of contention involved cocoa "substitutes." In previous agreements, members were encouraged to prohibit non-cocoa ingredients in the manufacture of chocolate, with the goal of maintaining quality and enhancing cocoa consumption. In June 2000, however, a European Union directive permitted the inclusion of up to 5 per cent of vegetable fats in chocolate products. According to the ICCO, this may eliminate the use of 74,000 tonnes of cocoa butter, equivalent to 184,000 tonnes of cocoa beans, entailing $780 mn in losses to producing countries. The agreement recognizes that the use of cocoa substitutes may have "negative effects" on the expansion of cocoa consumption, but does not propose any specific remedy.

The new cocoa accord, which lasts for five years, comes into effect upon ratification by five exporting countries producing at least 80 per cent of the cocoa crop and five importing countries consuming at least 60 per cent of it.

— Naututu Okhoya

Pesticide 'time bomb' ticking in Africa

Toxic dumps threaten people, livestock and land

A new study by the UN Food and Agricultural Organization (FAO) has found that stocks of deadly, obsolete pesticides are five times larger than previous estimates and constitute a toxic "ticking time bomb" in Africa and other developing regions. The alarming new figures, released 9 May, set the amount of prohibited and outdated pesticides at 100,000 tonnes in Africa and the Middle East, 200,000 tonnes in Asia and 200,000 tonnes in Eastern Europe and the former Soviet Union — often stored in deteriorating and leaky containers without adequate safeguards for people and the environment. According to FAO estimates, stocks of more than 48,000 tonnes of such pesticides have been identified so far in Africa, although the total is likely to climb as more survey data becomes available (see table).

Workers load a crop dusting plane with pesticide. Disposal is dangerous and expensive.

The stocks include some of the most poisonous compounds ever made, including dieldrin, DDT and chlordane. The World Health Organization (WHO) estimates that more than 1 million people are affected by exposure to pesticides worldwide, causing 20,000 deaths annually.

"The lethal legacy of obsolete pesticides is alarming, and urgent action is needed to clean up waste dumps," noted Mr. Alemayehu Wodageneh, an FAO specialist. "These 'forgotten stocks' are not only a hazard to people's health, they also contaminate water and soil. Leaking pesticides can poison a very large area, making it unfit for crop production." The problem is particularly severe in sub-Saharan Africa, where farmers and government regulators often lack the financial resources and technical capacity to handle pesticides safely and screen out substandard, banned and contaminated compounds. The FAO and WHO estimate that as much as 30 per cent of pesticides sold annually in developing countries — worth $900 mn last year — fail to meet international standards and are often mislabelled or entirely unmarked.

Known pesticide stocks in Africa (tonnes)

Country	Stocks
Botswana	18,247
Mali	13,761
Ethiopia	3,401
Tanzania	1,136
Côte d'Ivoire	828
All Africa	48,081

Source: UN Africa Recovery from FAO data, 2001.

The scope of the problem is dramatically illustrated in Ethiopia, where some 3,400 tonnes of obsolete pesticides, much of it over 20 years old, is stored in 1,000 sites throughout the country. One of the largest dumps is in the centre of Addis Ababa, the capital, and contains over 30 tonnes of obsolete pesticides in leaking barrels near 40 grain silos. In the western Ethiopian village of Arjo, FAO researchers found over 5 tonnes of DDT and malathion in a collapsing barn in the middle of the community — just yards from homes and pastures. Residents have long complained of nausea, respiratory ailments and headaches, and report a strong stench from the unprotected site. The Ethiopian government and the FAO, with funding from the Dutch, Swedish and US governments, have begun a clean-up effort intended to destroy 1,500 tonnes of the pesticides — the largest decontamination effort under way in Africa.

Disposal costly, difficult

But with the cost of disposal of Africa's obsolete pesticide stocks estimated at $250 mn, clean-up efforts have been slow. A preliminary FAO inventory of toxic sites in 39 African countries found that of 48,081 tonnes of chemicals reported, just 2,838 tonnes had been destroyed. Absent the required high-temperature incinerators, African pesticides must be shipped to Europe, a costly and hazardous process that has hampered disposal efforts.

Greater involvement by the pesticide industry, which is dominated by a handful of US, European and Japanese companies, said Mr. Wodageneh, is indispensable. "Support from industry is crucial for the disposal of pesticides because aid agencies of donor governments cannot cover all the costs." The industry is committed to assist in the incineration of obsolete and unstable compounds, he noted, but so far has contributed little.

In the meantime, FAO, WHO, the UN Environment Programme (UNEP) and the UN Industrial Development Organization have stepped up efforts to assist African governments identify and respond to the toxic threat. In June 2000, UNEP held a regional workshop in Dakar, Senegal, on the Rotterdam convention governing the trade in hazardous chemicals and pesticides. UN agencies are working with many African governments, including Nigeria, Uganda, Senegal and Ethiopia, to develop national action plans for the handling and disposal of pesticides, and to encourage adoption of environmentally-friendly alternatives to chemical pest control.

On 23 May, 122 countries adopted the Stockholm Convention on Persistent Organic Pollutants, banning 12 of the most dangerous compounds. The Global Environment Facility, managed by the World Bank, UNEP and the UN Development Programme, will finance implementation of the convention.

AFRICA AGENDA

FUTURE EVENTS

25-27 June 2001, United Nations, New York (US) — UN General Assembly Special Session on HIV/AIDS. Contact Pragati Pascale, tel (212) 963-6870, fax 963-0536.

10-13 July 2001, Cape Town (South Africa) — Africa Connects: Education in the internet age to be held at the University of Cape Town. The theme of this conference will be "using the internet and computers in schools, to support and transform education." Tel (27-21) 650-3749, fax (27-21) 650-3780.

17-19 July 2001, Arlington, Virginia (US) — AFCOM All Africa Telecommunications and IT Conference. Contact Ingrid White, e-mail <iwhite@africacncl.org>.

22-26 July 2001, Asmara (Eritrea) — Independent Eritrea: Lessons and Prospects to mark the 10th anniversary of Eritrea's independence. Contact ESA Summer 2001 Conference, P.O. Box 5849, Asmara, Eritrea.

17-18 August 2001, Helsinki (Finland) — WIDER (World Institute for Development Research) Conference on Debt Relief. E-mail <debtconference@wider.unu.edu>, fax (358) 6159-9333

4-6 September 2001, Bonn (Germany) — International Conference on Sustainable Food Security for All by 2020. Contact Simone Hill-Lee, tel (202) 467-4439.

12-14 September 2001, Miami, Florida (US) — 2001 US Conference on AIDS. E-mail <mtshihamba@globalhealth.org>.

12-14 September 2001, Chicago, Illinois (US) — Listen to Africa, a Collaborative Conference on the crisis in Health Care, Environment, and Economic Development in Africa. Contact BMAI, fax (312) 431-8697.

16-20 September 2001, Philadelphia, Pennsylvania (US) — The third biennial US-Africa Business Summit of the Corporate Council on Africa, around the theme of "Building Global Partnerships." Tel (202) 835-1115, fax (202) 835-1117, e-mail <cca@africacncl.org>.

8-17 October 2001, Antananarivo & Tamatave (Madagascar) — Third International Conference on Women in Africa and the African Diaspora. Contact Obioma Nnaemeka, Indianapolis, IN, tel in the US (317) 278-2038, e-mail <WAAD@iupui.edu>.

12-15 November 2001, Johannesburg (South Africa) — ITU Telecom Africa 2001. Contact Melissa Graham, e-mail <mgraham@africacncl.org> or Radhi Riley, tel (41-22) 730-5256, e-mail <wrpf@itu.int>.

15-18 November 2001, Houston, Texas (US) — Africa and the African Diaspora: past, present and future, 44th annual meeting of the African Studies Association. Tel (732) 932-8173, fax (732) 932-3394, e-mail <callASA@rei.rutgers.edu>.

WHAT HAS TAKEN PLACE

10-12 June 2001, Dallas, Texas (US) — Information Technology in Sub-Saharan Africa. Second annual Global Information Technology Management Conference. Contact Prashant Palvia, tel (336) 334-5666, fax 334-4083, e-mail <pcpalvia@uncg.edu>.

6-8 June 2001, Durban (South Africa) — 11th World Economic Forum's Southern Africa Economic Summit. E-mail <southernafricasummit@weforum.org>.

25-26 May 2001, Helsinki (Finland), WIDER (World Institute for Development Economic Research) Development Conference on Growth and Poverty. Fax (358) 6159 9333, e-mail <wider@unu.edu>.

25-28 April 2001, University of Illinois, in collaboration with the African Academy of Science-Technology and Development in Africa. Tel (217) 333-6335, e-mail <african@uiuc.edu>.

21-22 April 2001, University of Glamorgan (UK) — "Business Finance in Africa" Conference. Contact Dr. Astede Woldie, University of Glamorgan, Treforest, Pontypridd, CF 37101, UK.

AFRICA BOOKS

Views from the South: The Effects of Globalization and the WTO on Third World Countries, ed. Sarah Anderson (Food First, Oakland, California, US and International Forum on Globalization; 2000; 208 pp; pb $12.95)

"Wicked" Women and the Reconfiguration of Gender in Africa, eds. Dorothy L. Hodgson and Sheryl A. McCurdy (Heinemann, Portsmouth, New Hampshire, US; 2001; 344 pp; $69.50)

Making Aid Work: Innovative Approaches for Africa at the Turn of the Century by Peter H. Koehn and Olatunde J. B. Ojo (University Press of America, Lanham, Maryland, US; 1999; 224 pp; hb $52, pb $29.50)

Poverty and Undernutrition: Theory, Measurement, and Policy by Peter Svedberg. (Oxford University Press, Oxford, UK; 2000; 368 pp; hb £45)

Engendering Peace: Reflections on the Burundi Peace Process, (UNIFEM, Nairobi, Kenya; 2001; 62 pp; $6.95)

War, Hunger, and Displacement: The Origins of Humanitarian Emergencies, Vol. 1. eds. E. Wayne Nafziger, Frances Stewart and Raimo Väyrynen. (Oxford University Press, Oxford, UK; 2000; 366 pp; hb £55)

Social Provision in Low-Income Countries: New Patterns and Emerging Trends, eds. Germano Mwabo, Cecilia Ugaz, Gordon White (Oxford University Press, Oxford, UK; 2001; 320 pp; hb £45)

Presse et démocratie en Afrique francophone by Marie-Soleil Frere (Editions Karthala, Paris; 2000; 544 pp; FF 195)

Courtier en développement, eds. Th. Bierschenk, J.P. Chauveau, J.P. Olivier de Sardan (Editions Karthala, Paris; 2000; 328 pp; FF 160)

La Competitivité future des économies africaines, ed. Alioune Sall (Editions Karthala, Paris; 2000; 494 pp; FF 195)

The Power of Human Rights, eds. Thomas Risse, Stephen C. Ropp, Kathryn Sikkink (Cambridge University Press, Cambridge, UK; 1999; 334p; £15.95)

Underdevelopment by Paolo Sylos Labini (Cambridge University Press, Cambridge, UK; 2001; 222 pp; £35)

Autonomy and Ethnicity, ed. Yash Ghai (Cambridge University Press, Cambridge, UK; 2000; 326 pp; £14.95)

Communication and Democratic Reform in South Africa by Robert B. Horwitz (Cambridge University Press, Cambridge, UK; 430 pp; £40)

The Political Economy of Dictatorship by Ronald Wintrobe (Cambridge University Press, Cambridge, UK; 400 pp; 2000; £16.95)

The Quality of Growth by Ashok Dhareshwar et al (Cambridge University Press, New York, US, and Cambridge, UK, for World Bank; 2000; 298 pp; $25)

Uganda's Recovery: The Role of Farms, Firms, and Government by Paul Collier and Ritva Reinikka (World Bank, Washington, D.C. US; 2001; 424 pp; $40)

African Poverty at the Millennium: Causes, Complexities, and Challenges by Howard White, Tony Killick, Marie-Angelique Savané, Steve Kayizzi-Mugerwa (World Bank, Washington D.C. US; 2001; 158 pp; $22)

Cameroon: Forest Sector Development in a Difficult Political Economy by Boniface Essama Nssah and James J. Gockowski (World Bank, Washington, D.C. US; 2000; 148 pp; $22)

Frontiers of Development Economics: The Future in Perspective by Joseph Stiglitz (Oxford University Press, UK, and World Bank, Washington, D.C. US; 2001; 586 pp; $35)

Ahead of the Curve? UN Ideas and Global Challenges by Louis Emmerij, Richard Jolly and Thomas G. Weiss (Indiana University Press, Bloomington, Indiana, US; 2001; 280 pp; hb $59.95, pb $24.95)

The Uncertain Promise of Southern Africa, eds. York Bradshaw and Stephen N. Ndegwa (Indiana University Press, Bloomington, Indiana, US; 2001; 438 pp; hb $54.95, pb $24.95)

Angola from Afro-Stalinism to Petro-Diamond Capitalism by Tony Hodges (Indiana University Press, Bloomington, Indiana, US and James Currey, Oxford, UK; 2001; 201 pp; hb $ 49.95, pb $19.95)

English Swahili Dictionary by Willy A. Kirkeby (Africa World Press, Lawrenceville, New Jersey, US, and Kakepela Publishing Company Ltd, Oslo, Norway; 2001; 1069 pp; pb $59.95)

Contending Issues in African Development: Advances, Challenges and the Future, ed. Obioma M. Iheduru (Greenwood Press, Westport, Connecticut, US; 2001; 352 pp; $69.95)

Security and Development in Southern Africa, ed. Nana Poku (Praeger Publishers, Westport, Connecticut, US; 2001; 184 pp. $59.95)

Management Challenges for Africa in the Twenty-First Century: Theoretical and Applied Perspectives, ed. Felix M. Edoho (Praeger Publishers, Westport, Connecticut, US; 2000; 352 pp; $69.90)

AFRICA WATCH

WOMEN AND AIDS

UN focuses on 'fatal' gender inequality

The UN Development Fund for Women (UNIFEM) and the Joint UN Programme for HIV/AIDS (UNAIDS) initialled a cooperation agreement on 24 May to expand AIDS education and prevention programmes for women. "Gender inequality is at the heart of the epidemic," noted UNIFEM Executive Director Noeleen Heyzer. With women now accounting for 55 per cent of HIV infections in Africa and 47 per cent worldwide, she noted, "Gender inequality is fatal."

A key issue, the agencies agree, is the power imbalance between men and women that makes it difficult for women to refuse unwanted sexual advances or unsafe practices. In Zambia, for example, researchers report that only 1 woman in 4 believed she could refuse to have sex with her husband. Only 1 in 10 believed that she could ask her husband to use a condom. As a result, noted UNAIDS Executive Director Peter Piot, African women aged 15-24 can be as much as six times more likely to become infected with the deadly virus.

"It is time for the AIDS community to join hands with the international women's community to hold governments accountable," Ms. Heyzer noted. She called on governments and multilateral agencies to:

- Guarantee women's access to prevention and treatment, including access to condoms, equality in national AIDS strategies and testing in primary health programmes.
- Focus research on gender aspects of AIDS.
- Target females for education and prevention, including participation in the design of AIDS campaigns.
- Address gender in policy, including recognition of women's roles as primary care-givers, the eradication of social and traditional practices that disempower women, and funding for gender-specific AIDS programmes
- Heighten awareness of women in conflict situations, including gender-sensitive training for peacekeepers and humanitarian workers and strict enforcement of the UN peacekeeping code of conduct.

The call for access to both men's and women's condoms is particularly important given the sharp decline in international funding for condoms in recent years, from a high of $68 mn in 1996 to just $40 mn in 1999 and 2000. By the end of 2000, the UN Population Fund reported, Côte d'Ivoire, Zimbabwe and Gambia had run out of condoms entirely. "We couldn't do very much," said Mr. Christian Saunders, a UNFPA expert. "There was donor fatigue." ■

HEALTH

Fight against African meningitis gets $70 mn boost

Efforts to combat meningitis in Africa got a major boost on 30 May when the US Bill and Melinda Gates Foundation announced a ten-year, $70 mn grant to develop and distribute a vaccine for the disease. The grant will underwrite a joint programme of the World Health Organization and the non-governmental Programme for Appropriate Technology in Health (PATH) to develop and distribute a vaccine for the Type A strain prevalent in Africa.

The absence of a commercial pharmaceutical market in Africa, said PATH President Chris Elias, has inhibited the development of a Type A vaccine. "Subsequently, there is little incentive for the private sector to make the investment needed to develop such a vaccine. This grant will provide the incentive that has been missing and may ultimately become a model for other vaccines or drugs tailor made for the poorest countries."

Meningitis takes an average of 10,000 lives a year in the African "meningitis belt" countries of Burkina Faso, Benin, Central African Republic, Chad, Ethiopia and Niger. Infants and children are particularly at risk. During the last major African epidemic in 1996, more than 200,000 people contracted the disease, resulting in some 20,000 deaths.

With its recently announced $100 mn contribution to the Global AIDS and Health Fund, the Gates foundation since its launch has provided upwards of $700 mn in funding for health projects that entirely or largely benefit Africa. ■

CENTRAL AFRICAN REPUBLIC

UN envoy to resolve crisis

In the wake of an attempted coup against the government of President Ange-Félix Patassé of the Central African Republic, on 5 June UN Secretary-General Kofi Annan appointed the former president of Mali, General Amadou Toumani Touré, as his special envoy to try to resolve the conflict. General Touré met with President Patassé and appealed to all sides to end violence, permit humanitarian assistance to reach war victims and resume a political dialogue. Mr. Annan has condemned efforts to remove Mr. Patassé's elected government — the latest crisis to erupt in the troubled country — and urged political leaders to respect the country's democratic institutions. ■

APPOINTMENTS

Mr. Lennart Båge has been elected as the new president of the International Fund for Agricultural Development (IFAD). The four-year term began on 22 February 2001. Mr. Båge, a Swedish national, has nearly 25 years of experience in international development, and long-standing and active involvement in the UN system and other multilateral institutions. Before his election, he served as head of the Department for International Development Cooperation in Sweden's Ministry of Foreign Affairs in charge of budget and policy development. He also was responsible for EU affairs and international financial institutions. For the past 10 years, Mr. Båge also has served as chairman of the Governing Council of IFAD and co-chairman of the High-Level Special Committee on IFAD's Resource and Related Governance issues.

CORRUPTION

Foreign companies charged in Lesotho

The Lesotho government has charged five UK and Canadian companies with bribery in connection with contracts awarded for construction of the multi-billion dollar Highlands water project. The companies are accused of paying bribes totalling some £3 mn to a senior manager of the project, a series of dams in the mountainous kingdom that will produce both water and hydroelectric power, primarily for customers in surrounding South Africa.

The Lesotho case is a rare African example of bribe-givers being prosecuted in addition to bribe-takers. "People are quick to point the finger at Africa," noted Lesotho Attorney General Fine Maema. "But if someone is taking the money, then someone [else] is paying it and they must be held accountable too. You can see from this case that it is not only Africa that is corrupt." If convicted, the companies would be banned from any additional contracts on the water project, which is funded partly by the World Bank and the European Union. ■